



Borough of Ramsgate.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1913,

BY

JAMES DUNDAS, M.D., D.P.H., D.T.M.

RAMSGATE :

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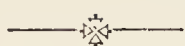
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JAMES DUNDAS, M.D., D.P.H., D.T.M.

Sanitary Inspector :

W. T. SMITH, A.R. San. I.

Female Sanitary Inspector :

Miss BACON, A.R. San. I., C.S.I.E.B.

School Nurse :

Mrs. PRICE.

HEALTH OFFICE,

ALBION PLACE,

RAMSGATE.

24th February, 1914.

*To the Mayor, Aldermen, and Burgesses of the
Borough of Ramsgate.*

LADIES AND GENTLEMEN,

I beg to present to you my third Annual Report on the Health of the Borough, as your Medical Officer of Health and School Medical Officer.

The Report is arranged on the same lines as those of previous years, which followed the schemes laid down by the Local Government Board and the Board of Education. To facilitate reference the headings chosen by the respective Boards for the various paragraphs have been strictly followed, and are transcribed in the Indices.

Repetition of some of the subject matter from year to year is necessary for the information of the Boards.

My thanks are again due to the members of my staff for their loyal co-operation and assistance.

I am, Ladies and Gentlemen,

Your obedient servant,

JAMES DUNDAS.

**A.—Natural and Social Conditions
of the District.**

(1) *The physical features and general character of the District.*

RAMSGATE is situate on the South shore of the Isle of Thanet. Its earliest houses were built on the sides of a gash in the chalk which afforded safe harbourage to storm-tossed vessels, and it has spread East and West on the adjoining cliffs, and inland along the slopes of the valley leading from the harbour. The subsoil is chalk, the exposure is southerly, and the distinctive climatic features of the town are a particularly bright and mild autumn, freedom from fogs, and shelter from northerly and easterly winds. Large numbers of visitors come to the town to enjoy these advantages during the summer and autumn months, and many strangers come to spend their declining years in the town.

These are factors not without influence on the health of the district, inasmuch as visitors occasionally fall with infectious disease shortly after their arrival, having brought their infection with them, and the undue proportion of the elderly in the population tends relatively to diminish the birth rate and increase the death rate. In addition, the sudden increase of the population in the summer to the extent of nearly three times the normal resident population of the town tends to be accompanied by the well recognised effects of sudden aggregation of persons in a limited area. Fortunately the water supply is ample, and the scavenging arrangements existing in the town are sufficiently elastic to deal effectually with all demands.

I am indebted to the Borough Surveyor for the subjoined sunshine records, which were taken at Albion House, and to the Gas and Water Engineer for the temperature and rainfall records, taken under his supervision at the Southwood Waterworks.

SUNSHINE IN 1913.

Month.	Total Sunshine in Hours.	Daily Average in Hours.
January	50·4	1·63
February	82·4	2·94
March	123·0	4·0
April	154·6	5·15
May	218·2	7·04
June	212·0	7·0
July	148·7	4·8
August	164·8	5·32
September	161·5	5·38
October	128·9	4·16
November	77·9	2·60
December	46·0	1·5

Meteorological Data.

RAINFALL IN 1913.

Month.	Total in Inches.	Greatest fall in 24 hours.	No. of Days with '01 inches or more.
January ...	2·74	·48 on 20th	17
February ...	·69	·42 on 1st	6
March ...	1·93	·37 on 31st	19
April ...	2·14	·46 on 3rd	15
May ...	1·16	·31 on 9th	9
June ...	·89	·39 on 6th	4
July ...	1·90	·55 on 14th	10
August ...	·92	·30 on 9th	11
September ...	1·39	·88 on 14th	10
October...	3·97	·79 on 21st	17
November ...	2·45	·58 on 21st	17
December ...	1·26	·41 on 23rd	9

MEAN TEMPERATURES IN 1913.

January ...	41°	July ...	58°
February ...	41°	August ...	61°
March ...	44°	September ...	59°
April ...	47°	October ...	55°
May ...	54°	November ...	48°
June ...	9°	December ...	42°

Lowest Mean Temperature, 30° on 25th December.

Highest Mean Temperature, 71° on 30th August.

- (2) *Population (Census, 1911 and estimated, 1913), Social conditions, including the chief occupations of the inhabitants ; the influence of any particular occupation on public health ; the amount of Poor-law relief and the extent to which hospital and other forms of gratuitous relief are utilised.*

For the following table shewing the age and sex distribution of the population at the last Census I am indebted to the Registrar General. The figures are noteworthy as shewing the large excess of persons of adult and especially late adult life in the population, factors which tend to produce a high death rate and a low birth rate. So materially are these rates affected that they cannot properly be compared with other towns unless they are "corrected." For this purpose the Registrar General has calculated a factor by which the borough death rate must be multiplied in order to allow of fair comparisons being drawn. The factor in the case of Ramsgate is .8829. The

influence of the age and sex factors on death rates is further considered in the chapter dealing with Vital Statistics.

TABLE :—*Shewing the age and sex constitution of the population of the Borough at the Census of 1911.*

Ages.				Males.		Females.	
All ages	...	...	...	13,271	...	16,332	
Under 1 year	...	...	...	280	...	247	
1	...	...	...	270	...	263	
2	...	...	...	263	...	269	
3	...	...	...	289	...	280	
4	...	...	...	251	...	279	
5	...	...	...	273	...	267	
6	...	...	...	300	...	267	
7	...	...	...	304	...	297	
8	...	...	...	262	...	315	
9	...	...	...	303	...	283	
10	...	...	...	303	...	266	
11	...	...	...	304	...	274	
12	...	...	...	329	...	307	
13	...	...	...	300	...	297	
14	...	...	...	329	...	273	
15	...	...	...	321	...	309	
16	...	...	...	296	...	285	
17	...	...	...	271	...	256	
18	...	...	...	248	...	292	
19	...	...	...	213	...	281	
20	...	...	...	197	...	284	
Under 5 years	...	...	...	1,353	...	1,338	
5 and under 10	...	...	...	1,442	...	1,429	
10 „ 15	...	...	...	1,565	...	1,417	
15 „ 20	...	...	...	1,349	...	1,423	
20 „ 25	...	...	...	924	...	1,425	
25 „ 30	...	...	...	932	...	1,319	
30 „ 35	...	...	...	901	...	1,264	
35 „ 40	...	...	...	921	...	1,157	
40 „ 45	...	...	...	789	...	1,053	
45 „ 50	...	...	...	727	...	935	
50 „ 55	...	...	...	590	...	871	
55 „ 60	...	...	...	486	...	669	
60 „ 65	...	...	...	467	...	647	
65 „ 70	...	...	...	371	...	552	
70 „ 75	...	...	...	228	...	411	
75 „ 80	...	...	...	138	...	226	
80 „ 85	...	...	...	61	...	123	
85 „ 90	...	...	...	21	...	59	
90 „ 95	...	...	...	5	...	10	
95 „ 100	...	...	...	1	...	4	
100 years and upwards	...	...	...	---	...	---

A large majority of the inhabitants are engaged in one way and another in catering for the large numbers of visitors who come to the

town during the season. In consequence of this great influx of visitors, there is undoubtedly some overcrowding in the lower parts of the town. At the same time the presence of the visitors entails a large amount of outdoor work, which can only be regarded as re-acting favourably on the health of the town. Fortunately the town is not solely dependent upon its holiday season, for a large fishing industry affords employment to some two thousand men.

The medical charities in the town include the Ramsgate General Hospital and Seamen's Infirmary, the Dispensary, and the several District Nurses. I am indebted to the Secretaries of these Institutions for information respecting them. The former is an up-to-date structure containing 36 beds. The latter affords out-patient relief, and is staffed by several medical men in the town and the house-surgeon of the General Hospital. According to the most recent Report the total number of medical cases treated at the Hospital was 66, as compared with 98 in the preceding year, and 255 surgical cases were admitted as in-patients, as compared with 248 in 1911-12. In addition casualty patients numbering 1,548 were treated, an increase of 365 on the previous year. The tendency of the medical in-patients to decline in numbers will be noted. The National Insurance Act is tending still further to reduce their numbers so that the Hospital will soon become almost entirely an institution for surgical cases.

In the Report of the Dispensary for 1914 (the Ninety Fourth Annual Report) it is stated that "The number of patients who have received treatment and medical benefits from the Dispensary during the year under review amount to 1,702, shewing a considerable decrease on the preceding year. This is accounted for by at least two causes having adversely affected the numbers applying for medical relief at this Institution: First, the National Insurance Act has reduced our applicants by about 30 %, as all those who are liable to insurance under the Act now receive medical treatment from the various doctors attached to their panel; then again the absence of any serious epidemic during the winter months, as experienced during the two preceding winters, has materially affected our numbers."

The Ramsgate District Nursing Association employs two Nurses who perform very valuable service in a quiet way. During the year 1913, according to the Annual Report, the following cases were cared for:—Chronic 62, acute medical 86, acute surgical 31; and 3,617 visits were paid in the course of the year. The Association works so unobtrusively that possibly its claims to more generous financial recognition escape attention. The St. George's Parish Nurse performs similar very valuable work.

Other charitable organisations at work in the town include the Central Help Committee, whose aims are to assist the able bodied deserving poor to tide over periods of lack of work during the winter

months, to discourage indiscriminate alms-giving, and to make it difficult for the idle and undeserving to trade on the charitable impulses of the public; and the Thanet Women's Aid and Thanet Rescue Society, whose names sufficiently indicate their purposes.

I am indebted to all these Institutions and Societies for help in some form or other during the year.

B.—Sanitary Circumstances of the District.

Water Supply.

The following paragraphs, which still apply, have been abstracted from Dr. Styan's Report for 1910 :—

“SOURCE OF WATER SUPPLY.

“There are no surface streams in the island. The rain which falls in the open country soaks into the earth, then is filtered through the underlying chalk down to the water bearing strata below. It then travels through fissures in the deep chalk back to the sea.

“Two adits have been driven through this deep chalk to cut a number of the fissures. These adits are a little over a mile from the sea. Together they measure two miles 646 yards in length, are 9 feet in height and 6 feet wide. They constitute a large underground reservoir at a depth from the surface of the earth varying from 98 feet to over 120 feet. They converge to a pumping station at Whitehall, which is situate in the northern outskirts of Ramsgate. The bottom of the well at the pumping station is 9ft. 6ins. below sea level.

“METHOD OF DISTRIBUTION.

“The water is all pumped up to the top of a high level water tower at Southwood, about a third of a mile distant from the pumping station. Here it is received into a closed-in tank, the top of which is 228 feet above sea level, a greater height than any part of the island. From here it is distributed by gravitation to all parts of Ramsgate, and to the neighbouring villages of Haine, Northwood, Manstone, Pegwell, Cliff's End and Minster.

“The water supply to Minster is exactly similar to that supplied to all the other villages and to Ramsgate. The supply for all these places leaves the high level tank through one common outflow pipe in the floor of the tank. Two hundred yards from the Water Tower the main to Minster branches off, and is continued beneath the public roadway to a total length of five miles or thereabouts. For the first third of its course, as far as Chalk Hill, it is an 8-inch iron pipe. Here it sends off a branch to supply Manstone and Haine, and is continued to Sevenscore as a 6-inch iron pipe. From Sevenscore to Minster it is a 4-inch iron pipe.

“The supply is constant.”

A sample of water is submitted to bacteriological examination twice yearly. Subjoined is the County Bacteriologist's report on the more recent sample :—

Department of County Medical Officer,
Maidstone.

November 20th, 1913.

Sample received November 14th. Result forwarded November 20th.

Description : Water taken from tap in Lavatory at Health Office.

Laboratory No. B 5241 A.

RESULT OF EXAMINATION :—

	On Agar at 35·5° C.	On Gelatine at Room Temperature in 5 days.	
Number of Organisms per c.c. capable of growth	1	Total 49.	Liquefying 6.

McConkey's Bile Salts Glucose Broth.

NUMBER OF TESTS.	ACID AND GAS.	ACID.	NO GROWTH.
— Tubes 0·01 c.c. Water	0	0	0
Ten „ 0·1 c.c. Water	0	1	9
Ten „ 10·0 c.c. Water	0	2	8
Five „ 10·0 c.c. Water	4	1	0
Two „ 50·0 c.c. Water	2	0	0

OTHER TESTS.—B. Coli was present in 15 c.c.s.

REPORT.—This water appears to be quite satisfactory.

(Signed) CONSTANT PONDER,
Assistant County Medical Officer.

A sample taken from different parts of the town is sent to the Borough Analyst monthly.

In the Annual Report for last year attention was especially directed to the fact that the borough water was declining in salinity, hardness and total solids. These changes still continue—to a marked advantage of the town—but not to such a degree as in recent years.

TABLE :—*Shewing the Results of the Monthly Water Analyses during the year.*

WATER ANALYSIS, 1913.

Results are expressed in grains per gallon.

	Ammonia.	Alb. Ammonia.	Nitrates.	Chlorides.	Oxygen absorbed in 15 mins.	Oxygen absorbed in 4 hours.	Hardness.		Total Solids.
							Total.	Perma- nent.	
Jan.	None	0·0017	0·89	10·64	Trace	0·032	24·7	7·2	44·45
Feb.	None	0·0028	0·85	10·01	Trace	0·024	24·4	7·2	44·24
Mar.	None	0·0014	0·79	8·68	Trace	0·012	24·7	7·1	41·37
April	None	0·0017	0·72	8·33	Trace	0·018	24·6	7·1	42·01
May	None	0·0022	0·70	9·03	Trace	0·028	24·6	7·2	42·18
June	None	0·0011	0·75	8·82	Trace	0·036	24·4	7·2	43·12
July	None	0·0022	0·71	9·94	Trace	0·038	24·6	7·2	42·70
Aug.	None	0·0008	0·61	11·76	Trace	0·036	25·1	7·4	47·11
Sept.	None	0·0008	0·79	12·04	Trace	0·046	25·2	7·4	47·04
Oct.	None	0·0014	0·78	10·78	Trace	0·034	24·8	7·4	43·61
Nov.	None	0·0020	0·83	11·34	Trace	0·032	24·9	7·5	46·62
Dec.	0·0006	0·0013	0·84	10·85	Trace	0·040	25·1	7·5	45·43

TABLE :—*Shewing percentage annual decline in certain constituents of Ramsgate water as calculated from the mean results of the twelve monthly analyses in each year since 1909.*

Year.	Total Hardness.	Permanent Hardness.	Total Solids.	Chlorides.
1910	5%	14%	10%	30%
1911	6%	14%	27%	40%
1912	17%	41%	34%	50%
1913	18%	42%	37%	50%

Drainage and Sewerage.

The sewage of Ramsgate is disposed of in the sea. The main intercepting sewers run along the road bordering the Inner Basin of the Harbour and then unite to form the outfall sewer, which is led out to sea at a point 1,260 feet from the shore beneath the West Cliff.

The outfall is continually discharging. The main outfall sewer is of 42-inch diameter, and is flushed through connections at two points with the Inner Basin of the Harbour. In this way the Inner Basin forms an immense flushing tank for the sewer outfall. The Borough Engineer tells me that some years ago he gauged the dry weather sewage discharged by the outfall, and it amounted to $1\frac{1}{4}$ million gallons per diem. In addition there are storm water overflow sewers which discharge into the sea on the eastern and western foreshore respectively.

Closet Accommodation.

There are no privies within the borough, and all the water closets are equipped with flushing cisterns. There are many old-fashioned closets of the boxed-in type, but as opportunity offers these are replaced by modern pedestal closets. The Corporation is taking steps to provide additional public conveniences.

Scavenging.

Refuse is collected daily in all parts of the borough, and it is consumed in a four-celled destructor in the outskirts of the town. About 8,000 gallons of refuse is dealt with in this way annually. The system of collection has been in vogue for many years and is highly satisfactory, the cleanliness of the streets being a frequent subject for comment by visitors.

Fish offal is collected by a contractor from the market and the various fishmongers' shops daily. Considerable nuisance was caused thereby, and arrangements are now in operation whereby the offal is removed shortly after midnight. Duplicate sets of bins are used, and the contractor has undertaken to cleanse the bins before returning them to the owner.

Reference was made last year to the unsatisfactory manner in which refuse is deposited for collection. The subject has been frequently discussed by the Council, and the Borough Engineer and myself were instructed to prepare a report on the subject. We proposed that the existing powers should be generally applied to all the houses in the town. These powers are two-fold. In the Public Health Act, 1875, owners of house property were required to provide brick ashpits which were emptied at intervals. Their use has been abandoned and the use of covered bins has taken their place. It is still the law that owners must supply these, though of course self-respecting tenants never insist on the landlord providing what is after all a domestic utensil.

The borough byelaws of 1901 lay down that no occupier of premises may deposit for collection any refuse except in a covered bin of approved size, etc. Our report was not adopted.

No proceedings have ever been instituted under these bye-laws, though the police have on several occasions served leaflets to house-

holders calling attention to their provisions. In consequence, all kinds of improper receptacles are in use, though admittedly there has been some improvement in this respect during the past year. The use of improper receptacles is most common, and most to be deprecated in the poorer quarters of the town. Fish is a very common article of diet in Ramsgate, and fish offal and scraps very quickly give rise to serious nuisance. There is no doubt that the incidence of diarrhoea and other gastro-intestinal ailments is higher in Ramsgate than it should be in a non-industrial seaside borough, with a climate second to none in England. I am of opinion that the improper storage of refuse prior to collection plays a considerable part in the causation and spread of this disease in the town. If the better class residents in the town would shew an example to the poorer classes in this matter considerable improvement might be anticipated.

In all 75 houses were supplied with covered galvanised dust bins during the year by the owners after the service of notices.

Sanitary Inspections of District.

INSPECTOR'S REPORT.

“ Special inspections and investigations of complaints	1936
Visits in connection with Infectious Diseases ...	104
Bakehouse Inspections	122
Slaughterhouse Inspections	294
Factory, Workshop and Workplace Inspections ...	326
Dairies, Cowsheds and Milkshop Inspections ...	314
Samples of Food and Drugs submitted to Analysts	90
Samples of Water submitted to Analysts	12
Houses, &c., to which the smoke or water test has been applied to the drains	191
Basement rooms under sec. 17, Housing, Town Planning Act	72
Houses Let in Lodgings Inspections	405
Miscellaneous Inspections	433
Visits to Consumptives	252
Visits to Fish Hawkers' premises, ice cream vendors, and fried fish shops	228

A further large number of inspections are necessary, which are not included in the above table, to ascertain the progress of works being carried out under the supervision of the Sanitary Inspector, or the many visits made for food inspections and inspections at the fish market.

The following is a summary of work which has been carried out under Statutory, Preliminary and Verbal Notices :—

- 48 Statutory Notices served.
- 392 Preliminary Notices served or letters written.
- 35 Leaky roofs repaired.
- 116 Wastepipes renewed and trapped.
- 42 Offensive accumulations removed.
- 84 Defective drains and closets repaired.
- 68 Back yards concreted.
- 78 Entire new drains laid to old houses.
- 32 Defective soil and ventilating pipes renewed or repaired.
- 9 Cesspools abolished.
- 41 Filthy premises cleansed.
- 9 Cases of overcrowding abated.
- 10 Nuisances from improper keeping of animals abated.
- 11 Rainwater pipes disconnected from the drain.
- 19 Underground rainwater cisterns abolished.
- 112 Pedestal closets provided.
- 62 New sinks erected.
- 23 Drains ventilated.
- 37 Guttering and fall pipes provided and repaired.
- 45 Sufficient water supplies provided to houses.
- 2 New urinals provided.
- 75 Galvanised dust bins provided.
- 5 Manure receptacles reconstructed.
- 57 Miscellaneous.

During the year 5 carcasses of dead animals have been removed from the foreshore of the borough and destroyed.

The following works have been carried out when dealing with notifiable infectious diseases. Phthisis is now included :—

69 cases of infectious disease removed to Isolation Hospital, viz.,				
Scarlet fever	...	...	...	36
Enteric fever	...	...	...	9
Diphtheria	...	...	...	24

120 premises have been disinfected.

106 sets of bedding, clothing, &c., were removed, disinfected and returned.

In those houses where cases of enteric fever and diphtheria, and in some cases scarlet fever, occurred, the drains and fittings were tested, and where defects were discovered notices were served to carry out any works necessary to remedy the same.

Owing to one of these examinations the following insanitary condition of a row of four houses was discovered :—A case of diphtheria was notified from a house which was one of a block of four houses built at the same time and from the same plan. There were two water closets to each house, these being boxed in with the old defective seat and riser arrangement, the upper one, which was entered from the first floor, being situate directly over the lower one which was entered from

the back yard. The drains were not intercepted from the sewer and the soil pipe passed down through the lower closet and appeared to be ventilated by a 2½-inch iron pipe which passed through the upper closet and up the back wall of house, terminating about 2 feet above the eaves of main roof. When the smoke test was applied to the drains of the house under inspection the smoke escaped freely from beneath the seat of upper water closet but did not appear from the top of the "ventilating" pipe. The wooden seat was removed and the mystery solved, for the so-called ventilating pipe had never been connected to the soil pipe, the end being passed beneath the seat of the closet and the pipe carried up the back of the house to deceive. The trap of the upper closet was connected to the top of the unventilated soilpipe by a lead bend, and owing to this gases had corroded the lead and large holes were visible, accounting for the smoke escaping into the house. When examined the other 3 houses were found to be arranged on similar "ingenious" lines.

With the exception of two instances the whole of the above nuisances have been abated upon receipt of the intimation or Statutory Notices. In these two instances it was found necessary to get the works completed to get the owner of the premises before a court of Summary Jurisdiction. The result was that an order was made on the defendant to complete the works in 14 days, and he was ordered to pay 28/-, the costs of the prosecutions. The works were completed in the 14 days."

Premises and Occupations which can be controlled by Bye-laws or Regulations.

The active measures taken last year under the powers conferred by the Tents and Vans Regulations have been most effectual in ridding the district of van dwellers and gipsies. A few vans "pulled up" in the Newington district for a night or two, but were immediately moved on after warning had been given to the owners. No complaints were received of nuisance having been caused by them.

The seven common lodging houses in the town were inspected on 280 occasions at varying hours. The keeper of one, who has since left the town, was warned on several occasions as to the uncleanly state of his premises and his failure to observe some of the provisions of the byelaws. As a rule these houses are maintained in a highly satisfactory condition. Thirteen complaints were received respecting them in the course of the year, and all the defects were promptly remedied.

In February the Local Government Board made an Order putting Parts ii, iii, iv, v and secs. 94 and 95 in Part x of the Public Health Acts Amendment Act, 1907, in operation in the district; and under sec. 51 of the Act the Corporation made an Order declaring the following trades, viz., gut scraper, dealer in rags and bones, fat, animal skins and other

putrescible animal products, and fish frier, to be offensive trades within the borough. In consequence of these powers the premises where these trades are carried on are being enumerated and after the conditions existing therein have been considered, the Council propose to frame byelaws for the control of those trades.

As was indicated in my last Annual Report, byelaws for Houses let in Lodgings came into force in the borough in November, 1912. A house let in lodgings means a house or part of a house which is let in lodgings or occupied by members of more than one family in contradistinction to a common lodging house, by which is meant that class of lodging house in which persons of the poorer classes are received and, though strangers to one another, inhabit one common room. A comparison between the two classes of house is all in favour of a common lodging house. No person may start business as a common lodging house keeper in the borough without the consent of the Local Authority, which closely scrutinises all such applications. Only one sex is received in the common lodging houses in Ramsgate.

The keeper is required to maintain the premises in a thoroughly clean state. He must open the windows of the rooms daily for ventilation, sweep the floors, air the beds daily and change the bedding when necessary. The inmates must each have a separate bed, if over the age of ten ; they must not occupy the sleeping rooms during the day, nor may rooms used as kitchens, sculleries or living rooms be used as sleeping places at night. These requirements have been rigidly enforced for many years and in consequence the common lodging houses in the town are in a highly satisfactory state of cleanliness and repair, some of them affording examples in these respects to very many private houses.

As regards the houses let in lodgings on the other hand, no special means of control existed until the above mentioned byelaws came into force. It is open to anyone to let rooms in lodgings, but the Byelaws enable the Authority to require the landlord, or person letting the rooms in the sense of the Byelaws, to register the house by furnishing them with a statement as to the number of rooms in the house, the number of rooms let to members of more than one family, the number, age and sex of the occupants, the name of the lessee of each room and the rent payable by each of them.

Under the Byelaws the Officers of the Authority have powers of inspection of such rooms, and notices may be served requiring the lessees to keep their rooms in a cleanly state, and on the " landlord " to maintain the common passages, staircases, yard and closets, in a sanitary condition. Further, the Authority may prescribe the number of persons who may be permitted to occupy these rooms according to the purpose to which they are put, either as sleeping rooms only or as sleeping and living rooms : and they have powers to prevent overcrowding. On the other hand, there are no powers to prevent the

improper mingling of the sexes so long as a room is not overcrowded, according to the very low standard of air-space laid down. Thus, there is nothing to prevent a father and a grown-up daughter inhabiting the same room, or uncles, aunts, nephews and nieces occupying the same apartment.

Again, the majority of such rooms in the borough are used as sleeping and living rooms combined. The sleeping rooms are not vacated, aired and cleaned daily as is the case in the common lodging houses, and there are no powers for compelling the cleanliness of bedding, chamber utensils, etc. In the common lodging house the keeper is responsible for cleanliness throughout the house : in the house let in lodgings the keeper's power does not go beyond the common scullery and passages. It is to the interest of the keeper of the common lodging house to keep his premises in a satisfactory condition ; otherwise he may lose his license. No such motives stimulate the keeper of the house let in lodgings. He is very often a man of straw earning a pittance out of the misfortunes of his fellow miserables. On the other hand house farming on these lines may be very lucrative, and it is then to the interest of the " landlord " to keep his rooms occupied by allowing the tenants to live their lives free from interference.

The occupants of common lodging houses in Ramsgate are single men as a rule, a few of whom have resided for years in the same lodging house. The majority, however, are itinerant hawkers who drift round the country from one town to another, and it is noticeable how many of them are old soldiers and sailors who, but for the fact that they have no trade, would in all probability be leading settled lives.

The dwellers in houses let in lodgings belong to two more or less well defined classes. The largest class consists of hawkers, idlers and wastrels with no settled occupation and with no desire to get any. They have been bred and reared in like conditions and desire no better. Their numbers are augmented by families who have failed in the race of life either from drink or inefficiency. They have probably drifted down from one house to another failing to pay their rents and ekeing out an existence until, from sheer lack of bedding and other necessary household gear, they are compelled to take a furnished room.

The other is a smaller class. It consists of men actively engaged in definite occupations, especially small trading. Such men often go from town to town and come to Ramsgate for the " season." As a rule they are respectable and independent people. A furnished room meets their needs, and they consequently seek accommodation in the Blue Mountains. Such men can readily pay the 3/6 a week demanded for a furnished room in that district of houses let in lodgings, but they have complained bitterly to me of the miserable accommodation and very meagre furnishings supplied for that sum.

There is an undoubted demand for single or two-roomed dwellings in Ramsgate, as in all other towns, which is not satisfactorily met. The houses in the Blue Mountains are practically all let out in this fashion, and many of them are six roomed houses, designed for occupation by single tenants. The closet and washing accommodation is invariably too limited and the equipment of the furnished rooms is too meagre for comfort and decency. The standard of cleanliness of these houses is much below that of the common lodging houses, and the smell arising from dirty clothes and bodies, so well known by workers in slum districts, constantly assails the nostrils of the visitor. Much larger powers of inspection and control than the Byelaws afford are required. If, for instance, these houses were licensed annually much improvement might be anticipated. The Table opposite, abstracted for me by the kindness of Dr. Greenwood from the Census Reports, sheds an interesting light on the numbers of persons per house, but also on the number of one and two roomed homes in the borough, and shews clearly the wisdom of the Corporation in adopting and putting in active operation Byelaws for Houses let in Lodgings.

When the Byelaws came into force a house to house inspection of the Blue Mountain district was made and notices were served on the landlords of all the houses coming within the scope of the Byelaws, that is, houses where rooms were let at 5/- per week unfurnished, and 8/- per week furnished, calling upon them to register themselves as keepers of houses let in lodgings. Similar houses in other districts have been discovered from time to time and these also have been registered and kept under observation. 61 houses, representing 162 separate tenancies, are now registered. 365 visits of inspection have been made to them by the Health Visitor, who has been able to achieve great improvement in cleanliness by means of warnings, both verbal and by letter. In April the attention of landlords of houses let in lodgings was directed to Art. 35 of the Byelaws, which requires them to effect a general spring cleaning of the premises in their occupation. This work was well done save in a few cases. Proceedings were instituted in one case under the Byelaws, and the defendant, who has since left the town, was fined 10/- in respect of each of six summonses.

Only one of the 15 slaughter-houses in the town is licensed. The slaughter-houses have been visited on 294 occasions, and the majority of them are maintained in a highly satisfactory manner. More frequent removal of manure is necessary in some cases. In one or two instances there is reason to believe that a habit is made of keeping animals in the slaughter-house for periods somewhat longer than is necessary for the purpose of preparation for slaughter. More strict attention to the requirements of the Byelaws on this point is necessary. Considerable improvement in the conduct of one of the slaughter-houses resulted from interviews with the owner.

BOROUGH OF RAMSGATE.

[illegible]

Total Population—1901, 27,733; 1911, 29,603. Total families or separate occupiers, private or other—1901, 6,340; 1911, 7,013.

Tenements with more than two occupants per room—No. 141. Population—1,026. Proportion per cent. to population in private families, 3·7.

NOTE.—In this table the figures to the right of the thick line represent overcrowded tenements, if the standard of the Registrar-General of more than two persons per room as constituting overcrowding, be adopted.

In my Report for 1912 it was pointed out that there was a large number of basement rooms in the borough and that the tenants of a large number of houses having rooms coming within the definition of rooms unsuited for use as sleeping rooms as laid down in sec. 17, subsec. 7 of the Housing, Town Planning Act, 1909, were served with informal notices directing their attention to the requirements of the section. In all 457 houses have now been inspected and 186 notices served.

As the Local Authority has made no Regulations under the section prescribing what conditions as to lighting, ventilation and means of protection from damp are necessary in respect of such rooms the only ground on which such informal notices have been served is that the rooms in question were less than seven feet in height from floor to ceiling and their floors were more than three feet below the level of the adjoining street. In order to evade the seven feet limit the floors of some rooms have been lowered. Such a measure would not, of course, be of any value if the conditions of the section were amplified by Regulations as laid down in the Act. Pending the issue of Model Regulations and the provision of more effectual powers than the section seems to afford it appears undesirable to raise a question bristling with thorny problems. The Marylebone Regulations, while no doubt excellently suited to London conditions, would not suit local circumstances and would lead to endless difficulties unless put into operation in wholesale fashion simultaneously.

Nevertheless, much has been done to mitigate the undesirable features presented by these rooms. As opportunity offers the glass windows fixed in the doors of these rooms which often form their sole source of light have been supplemented by windows in the walls of sufficient size and made to open. Areas have been dug out along outside walls to prevent dampness and to improve ventilation and lighting, and the old damp floors formed by wood planks on joists resting on earth or chalk have been replaced by wood block floors on cement concrete.

Several of the houses dealt with under the Housing, Town Planning Act or informally under that Act and the Public Health Acts have been so treated.

In some cases again owners have voluntarily consented to allow these rooms to be used as cellars for storage of wood and coal only and have removed kitcheners, coppers, etc., to one of the ground floor rooms converted to the purpose or to a new back addition room erected to act as a kitchen scullery ; in others owners have filled up these rooms with chalk and sealed them off, rendering them incapable of use for any purpose.

In all about 26 rooms of the basement type have been dealt with in one way or another during the year.

Steady, if slow, progress, is, therefore, being made in dealing with these rooms.

Schools.

See School Report.

Food.

(a) MILK SUPPLY.

There are now eight cowsheds in the borough, containing on an average 170 milch cows. They have each been visited on several occasions. While considerable improvement has been noted in some cases the standard of cleanliness is not yet sufficiently high. Most of the sheds are limewhited at regular intervals, and as a rule towels are provided for wiping the teats of the cows. A more regular use of these towels and a more scrupulous regard for the cleanliness of their hands on the part of the cowmen would greatly improve matters, as would a more frequent cleansing and removal of manure from the yards in front of the sheds. When cows are fouled to the hocks each time they leave and enter a shed satisfactory grooming is impossible and fouling of the milk is inevitable.

As a result of the operation of the new Regulations for Cowsheds and Milkshops passed by the Council last year, much improvement has resulted in the Milkshops. In every one of these, without exception, measures are now being taken to guard the milk against contamination by dust and flies, and frequent inspection has ensured their efficiency. There are now 56 milksellers on the register, and their premises have been visited on 259 occasions.

(b) OTHER FOODS.

No foodstuffs were dealt with under sec. 116 of the Public Health Act, though the following articles were voluntarily surrendered and destroyed as being unfit for human food : 75 lbs. of cods roes ; 3 barrels of fresh herrings, and 24 gallons of pink shrimps.

There are 43 bakehouses on the register, and 11 of these are underground. Two underground bakehouses have not been in use during the year. The bakehouses were frequently inspected, and as a rule were in a satisfactorily clean condition. 9 verbal and other notices were served on bakers calling upon them to lime white their premises.

During the course of the year a letter was directed to the Ramsgate and District Association of Master Bakers calling attention to the habit of their employees of leaving the covers of handcarts open, sometimes

for a considerable time, while engaged in delivering bread, and to the consequent danger of the bread becoming contaminated by road dust and flies. Reference was also made to the very common custom of "changing" bread, and to the unsatisfactory manner in which bread is exposed for sale by general dealers unaccustomed to the skilled handling of bread. In consequence of this letter the members of the Association have instructed their employees to exercise more care in the distribution of bread; and they share my objection to the "changing" of bread, a custom which they have discountenanced for many years. The matter really lies at the door of the general public who should recognise the dangers of the spread of infection arising from this practice and refuse to deal with any tradesmen who "obliges" his less intelligent and public spirited customers in this way.

Meat is inspected as opportunity offers though systematic inspection is impossible under present conditions. The slaughter-houses are scattered all over the town and there are no fixed hours for slaughtering, which may be, and no doubt often is, carried on at different slaughter-houses at the same time. Efficient inspection would call for much more time than the Sanitary Inspector is able to devote to it.

As there is no reason to doubt that efficient inspection would reveal similar conditions as obtain in other places where systematic inspection is practised, provision will have to be made for this purpose in the no distant future.

In this connection it may be remarked that the Tuberculosis Order came into operation on May 1st, 1913. The chief provisions of the Order, which is intended to combat the dissemination of Tuberculosis in bovines, include notification of cases by practising veterinary surgeons, examination of such cases by the Local Authority's veterinary inspector and slaughter of the affected animals, compensation on a prescribed scale being made to the owner. Administration of the Order is in the hands of the Contagious Diseases of Animals Committee, and the chief officers concerned are the Chief Constable and the Veterinary Surgeon. In view of the fact that tubercle is transferable from bovines to man and is indeed regarded as the chief source of infection in children and in cases of surgical tuberculosis, if not in cases of adult phthisis, the arrangement whereby the administration of this Order has been placed in the hands of the police in preference to the Health Authority is somewhat extraordinary.

Arrangements have been made for sending milk from suspected animals to the County Laboratory for bacteriological and biological examination, and the Veterinary Inspector is required to inspect the cows in the various cowsheds in the borough twice a year, at a remunera-

tion of 1/- per head, and also any cows freshly arrived in the district at the same fee.

Since the Order came into operation two animals have been destroyed under its provisions. Thanks to the courtesy and kindness of Mr. Dixon, the Borough Veterinary Inspector, I have been able to see the carcasses of the condemned animals, and also to supervise their destruction.

Much attention has been devoted this year to fried fish shops and the premises of fish hawkers and ice cream vendors. A register of these traders has been compiled, and it would appear that there are about 112 persons engaged in these trades, though the number so employed is constantly varying owing to the fact that many engage in these occupations during the season or for short periods only. 228 visits have been paid to the premises of these persons by the Health Visitor. Many material improvements have been effected thereby, and it has never been necessary to proceed formally in these cases. The willingness with which these small traders have carried out the suggestions made to them is much to be commended.

During the year my attention was directed to the sale of cheap sweets and more particularly chocolate. A sample of chocolate which came into my hands was shewn on analysis to be composed of the cheapest and most inferior ingredients. Its taste and odour were repulsive, and its consumption was followed by nausea and abdominal pain. Means were taken to have a considerable stock of the same article withdrawn from sale. There can be little doubt that such inferior goods are placed on the market by those who know well that they will readily attract the natural cupidity of children. To proceed under sec. 116 of the Public Health Act in these cases would be by no means easy, and it would be much preferable if an enquiry was held into the whole question of the preparation, storage and keeping qualities of sweets and the use of inferior oils, drugs and other potentially dangerous ingredients entirely prohibited.

(c) SALE OF FOOD AND DRUGS ACT.

REPORT OF INSPECTOR.

“ The following table shews that during the year 90 samples of food have been submitted for analysis to the Borough Analyst by Mr. W. T. Smith, the Sanitary Inspector, who is the officer appointed under the Act.

Article.	Number Taken.	Number Genuine.	Adulterated or Deficient in Quality.
Milk	45	36	9
Butter	15	14	1
Cream	7	4	3
Lard	3	3	...
Cheese	3	3	...
Spirits	6	6	...
Self-Raising Flour ...	3	2	1
Coffee	3	3	...
Sausages	3	3	...
Demerara Sugar ...	2	2	...
	90	76	14

The following shows the results of the analyses and the subsequent proceedings.

Sample No. 413 of new milk contained 12.2 per cent. of extraneous water. The defendant was fined 20/-, including costs.

Sample No. 441 of new milk contained 10 per cent. of extraneous water and was deficient in fat or cream 10 per cent. This sample was taken in July, and the defence was that ice had been put into the bowl of milk, from which the Inspector was served, to keep it cool during the hot weather. The defendant was fined £5 and costs.

Sample No. 447 of new milk contained 11.6 per cent. of extraneous water. This sample was taken on delivery at the Ramsgate Town Station from a churn consigned to a Ramsgate dairyman. The defendant was fined £2, including costs.

Sample No. 454 of new milk was found to be deficient in fat or cream to the extent of 54 per cent. Defendant was fined £2, including costs.

Sample No. 466 of new milk contained 14.6 per cent. of extraneous water and was deficient in fat to the extent of 6.7 per cent. The vendor was prosecuted, but during the time between the issue of the summons and the hearing he discovered that a cowman in his employ for some reason was adding water to the milk before it left the cowhouse. The

vendor prosecuted his cowman for damage to property and he was found guilty and fined. Under the circumstances the case against the vendor for adulteration was dismissed on payment of costs.

Sample No. 472 of new milk was taken informally and contained 11.1 per cent. of extraneous water.

Sample No. 481 of new milk contained 16.2 per cent. of extraneous water. The defendant was fined £2, including costs.

Two samples of new milk, Nos. 482 and 483 respectively, contained 3.6 and 4.5 parts of extraneous water. As the quantity of additional water was small and this was the first time samples had been taken from the vendors, they were written cautionary letters by the Town Clerk.

Sample No. 461 of butter was certified as being 100 per cent. margarine. It was also sold in a plain paper wrapper and not in accordance with the requirements of the Margarine Act, 1887. The vendor was prosecuted under sec. 6 of the Food and Drugs Acts, 1875, for selling margarine as butter, and also under the Margarine Act, 1887, for selling margarine in a paper wrapper not having the word "margarine" printed on it. He was fined £5 including costs for the offence under the Food and Drugs Acts, and £1 including costs for the offence under the Margarine Act.

A sample of self raising flour was certified to contain 19.6 grains per lb. (0.28 per cent.) of calcium sulphate in excess. The observations of the Analyst upon this sample were as follows: "This self raising flour is prepared by adding bi-carbonate of soda and acid phosphate of lime to ordinary flour and in arriving at the above conclusion the amount of calcium sulphate permissible in the acid phosphate of lime has been allowed for."

The vendor was written a cautionary letter by the Town Clerk and the manufacturers were communicated with and have now altered their objectionable method of production.

It will be seen from the above statement that during the year 8 prosecutions have been instituted under the Acts which in every case were successful. Six cautionary letters have also been written by the Town Clerk to offenders against the Food and Drugs Acts and the Milk and Cream Regulations, 1912.

(d) MILK AND CREAM REGULATIONS, 1912.

Report of Administration in connection with the Public Health (Milk and Cream) Regulations, 1912.

1. Milk and cream not sold as Preserved Cream.

	(a) Number of Samples Examined for the presence of a Preservative.	(b) Number in which a Preservative was reported to be present.
Milk	45	1.—Sample No. 441 contained a small amount of Boric Acid, but scarcely sufficient to justify the Analyst giving a certificate.
Cream	4	3.—Sample No. 458 contained 0·40 Boric Acid. Sample No. 459 contained 0·36 Boric Acid. Sample No. 460 contained 0·43 Boric Acid. (A cautionary letter was sent by the Town Clerk in each case).

2. Cream sold as Preserved Cream.

(a) *Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.*

(i) Correct statements made	...	...	3
(ii) Statements incorrect	...	...	nil
			—
			3

(b) *Determinations made of Milk Fat or Cream sold as Preserved Cream.*

(i) Above 35 per cent.	...	...	3
(ii) Below 35 per cent.	...	...	nil
			—
			3

(c) *Instances where (apart from Analysis) the Requirements as to labelling or declaration of Preserved Cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed.*

In three instances the receptacle in which preserved cream was sold was not labelled in the manner prescribed.

(d) *Particulars of each case in which the Regulations have not been complied with and action taken.*

In the three instances above mentioned the vendors were given an opportunity of furnishing an explanation (Article VI.) in writing, and these having been considered by the Authority, the Town Clerk was

ordered to write each offender cautionary letters and to inform them that proceedings would be instituted against any offenders in the future.

NOTE.—All samples and of milk and cream are taken in accordance with the provisions of the Food and Drugs Acts and the Analysts test all samples for preservatives.”

Housing.

INSPECTOR'S REPORT.

Housing, Town Planning Act, 1909.

“ During the year I have followed on the lines of the previous year and have made inspections of those particular dwelling houses most in need of attention. Special inspection has been made under the Act of 126 houses. Closing orders were made by the Authority on 15 of these houses, and in each case the Housing Sub-Committee visited the premises and made recommendations to the Council that the Closing Orders be made. Some of these houses have been demolished or are waiting demolition (see Table) while others have been entirely reconstructed and great improvements brought about in their sanitary condition, and the Council have publicly passed resolutions in several instances expressing appreciation of the way the owners have improved the premises. Again in several instances where Closing Orders have not been deemed necessary, dwelling houses have been put into thorough repair without the necessity of serving Statutory Notices. The owner has been informed what would be necessary to satisfy the requirements of the Medical Officer of Health and myself, and requested to furnish a specification of intended work for our approval. The work is then carried out under my supervision and when completed the Housing Sub-Committee has inspected and approved the works.

The following houses are some of those dealt with under this system :—

Nos. 14, 16, 18 and 20, Turner Street. New sculleries erected as a back addition to each house which contained kitchener, copper, sink with water supply over it. New additional water closet erected, common yard concreted, drainage partly reconstructed, galvanised refuse receptacles provided, new sashes and frames fixed in bedrooms and living rooms.

Nos. 1, 2, 3 and 4, Alma Road. Entire new scullery and additional bedroom constructed at Nos. 3 and 4, and a new scullery at No. 1. Entire redrainage of the houses with sinks and water supply laid on inside. Back yards concreted, galvanised refuse receptacles provided and other necessary repairs carried out.

Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10, Park Cottages, West Dumpton. The whole of the exterior walls of back addition bedrooms treated for dampness. Concrete floors to back yards. New sinks and water supply fitted to each house, drainage and sanitary fittings repaired, galvanised refuse receptacles provided, etc.

The following houses have been dealt with and notices served under section 15 of the Act. In each case the work has been carried out by the owners, and in some cases extensive additions have been made to the dwelling houses.

Nos. 2, 4, 6, 8 and 10, Staffordshire Street. Basement living rooms abolished and additional bedroom and new scullery and water closet erected to each house. Complete new roofs to houses and entire new drainage system, yards concreted, additional windows, galvanised refuse receptacles provided. The dwellings have been completely renovated both inside and outside of the five houses.

Nos. 1, 2, 6 and 7, Dove Place, Packer's Lane. A complete new drainage system provided, additional water closets built, sinks and water supply to each house, yards concreted, galvanised receptacles provided, additional windows for ventilation have been provided and the dwellings have been renovated throughout.

Nos. 2 and 3, Elizabeth Cottages, Packer's Lane. New sculleries erected to each house containing sink, water supply and copper. New system of drainage, yards concreted, new closets erected, and the interior and exterior of houses put in thorough repair.

Nos. 2, 4 and 6, Bethesda Street. New sculleries provided, containing sink, water supply and copper, new system of drainage, new wood block floors to basement rooms and additional windows, yards concreted, new water closets and refuse receptacles. Houses thoroughly renovated inside and outside.

Again other dwellings have been inspected and the defects remedied under the provisions of the Public Health Acts. I have again to report that with the present staff of the department it has been impossible to arrange a systematic inspection of the dwelling houses in the District under the Housing Regulations, 1910. Those houses inspected required most extensive repairs and alterations, and a large amount of supervision was afterwards necessary before they were put into a state fit for habitation, this part of the work taking up a far greater amount of time than the actual inspections. To give an example, in dealing with one block of five houses 45 personal visits were actually made before the works were completed.

The following is a Table shewing what action has been taken under sec. 17 of the Act during the past year.

Name of Street.	No. of Houses dealt with.	No. of Closing Orders made.	Remarks.
Dove Place, Packer's Lane	3	3	The three houses were demolished, and two new houses built on the site.
Chapel Road, St. Lawrence	2	2	Houses practically rebuilt, and closing orders determined.
Rear of Addington Street...	2	2	These two-roomed cottages reconstructed into one dwelling house, and closing orders determined.
Portland Court	3	3	Houses and land sold after the closing orders were made, on the understanding that the houses were to be demolished.
Cross Street	2	2	Demolition orders have now been made.
Albert Street	1	1	Period of closing order has been extended a further three months.
King Street	2	2	Three months period of closure not yet elapsed

A Table shewing results of Closing Orders which were made in 1912 under sec. 17 of the Act, and of which the three months period had not elapsed at the end of the year.

Name of Street.	No. of Houses dealt with.	No. of Demolition Orders made.	Result.
Bellevue Cottages (rear of Bellevue Road)	1	1	Demolished by Owner.
Bunce Cottage (rear of Bellevue Road)	1	1	Demolished by Owner.
Farley Place	2	2	Demolished by Owner.

There is a sufficiency of houses for the working classes in the district. The majority of houses in course of erection or recently erected range from 7/6 to 9/- weekly rental and are quickly occupied. Many of the houses in the lower part of the town are very old, but are much sought after on account of their proximity to the harbour and other places of employment. In recent years as a result of the operation of the Housing, Town Planning Act, 1909, either directly or indirectly, many houses have been improved by the construction of back additions, the provision of sinks and water supply with properly trapped waste-pipes, the provision of coppers and additional sources of light and ventilation, and the paving of yards. In consequence the standard of fitness for habitation of the houses occupied by the working classes is slowly but surely improving.

During the year there was undoubted evidence that progress was being made in the provision of better class houses : and the opening up of the land on the East Cliff will tend still further to foster this movement. The town is eminently suitable for large numbers of such houses, and the type of resident they attract by reason of its excellent winter climate and southern exposure, good schools, proximity to the famous Kent golf courses and a very good service of trains to London. Indeed the attractions Ramsgate affords for residents of the leisured classes equal if they do not exceed its claims on the summer holiday maker. These facts cannot be too widely known or emphasised.

25 houses suitable for the working classes have been erected or are in course of erection. The Health Department has nothing to do with new houses erected in the district. Plans for new houses are approved by the Works Committee and the supervision of their construction is carried out by the staff of that department.

The following is a statement of the work carried out under the Housing, Town Planning Act, 1909, in accordance with Art. V. of the Housing (Inspection of District) Regulations, 1910.

I.	Number of houses inspected	...	...	126
II.	Number of houses unfit for habitation	...	...	15
III.	Number of representations made to the Local Authority	...	...	15
IV.	Number of Closing Orders made	...	...	15
V.	Number of houses remedied without Closing Orders	...	...	111
VI.	Number of Closing Orders determined	...	...	4
VII.	Number of Houses dealt with under Sec. 15 of the Act. (The work was put in hand in all but 3 cases before the service of the notices)	...	...	15
VIII.	Number of houses dealt with under the Public Health Acts	...	...	63

IX. Number of houses dealt with by mutual consent 33

X. Number of houses not requiring remedy ... 0

The general character of the defects found included general dilapidations and filthy interiors; dampness; insufficient light and ventilation; defective drains, guttering, and down spouts; unpaved and insanitary yards; lack of proper and sufficient sinks, coppers, water supply, refuse receptacles, and closet accommodation. Nine cases of overcrowding came to notice in the course of year—all of these were abated on verbal or preliminary notice being given.

Workshops, Workplaces, etc.

THE FACTORY AND WORKSHOP ACT.

REPORT OF INSPECTOR.

“The Local Authority in compliance with sec. 131 of the Act is compelled to keep a register of the workshops situate in their district.

The number on the register at the end of the year was 202, or an increase of 7 on the previous year. 326 inspections of premises have been made, and 42 nuisances have been discovered, which have all been remedied without the necessity of serving a statutory notice.

The defects discovered were :

Dirty walls, ceilings and floors	...	...	10
Want of ventilation	...	...	2
Want of drainage to floors	...	...	2
Insufficient closet accommodation...	...	...	4
Defective closets and basins	...	...	8
Breach of special requirements for bakehouses			9
Miscellaneous	...	...	7
			—
Total	...	...	42

Five workshops were discovered during the year without an abstract of the Act being posted up, and notice was given of same to His Majesty's Inspector in accordance with the requirements of the Act.

The number of underground bakehouses in the borough is 11, the same as last year, but two of these have not been in actual use during the year, and owing to the owner of another building a new one above ground this particular underground bakehouse is now in use much less than before. The number of bakehouses of all classes on the register is now 43 as against 42 last year.

There are 43 outworkers on the register as against 47 last year. The houses of these outworkers have been visited and have been found with one exception to be clean and satisfactory. In this instance the outworker was employed in the making of men's wearing apparel, and his workroom was found to be generally in a very dirty state. He was served with a notice to thoroughly cleanse the walls, ceilings, and floors of the workroom. This he refused to do, and questioned the

Inspector's right to interfere with him in his private house. A written notice was served on his employer under sec. 108 of the Act dealing with unwholesome premises and the employer promptly refused to send any further work to the man until the place was thoroughly cleansed. Needless to say the work of cleansing was carried out to my satisfaction without delay."

Annual Report of the Medical Officer of Health for the year 1913, for the Borough of Ramsgate, on the administration of the Factory and Workshops Act, 1901, in connection with Factories, Workshops, Workplaces and Homework.

TABLE I.
INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Premises.	Inspections.	Written Notices.	Prosecutions.
Factories : (Including Factory Laundries) ...	41	8	...
Workshops : (Including Workshop Laundries ...	251	29	...
Workplaces : (Other than Outworkers' premises included in Part 3 of this Report)	34	4	...
Total	326	41	...

TABLE II.
DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Act :—		
Want of Cleanliness	7	7
Want of Ventilation	2	2
Overcrowding	1	1
Want of Drainage to Floors	2	2
Other Nuisances	8	8
Sanitary Accommodation. { Insufficient	4	4
{ Unsuitable or Defective	8	8
{ Not Separate for Sexes ... ..	...	...
Offences under the Factory and Workshop Act :—		
Illegal Occupation of Underground Bakehouse	...	...
Breach of Special Sanitary Requirements for Bakehouses	9	9
Other Offences	1	1
Total	42	42

TABLE III.

HOMEWORK.

Outworkers' Lists.				Section 107.	
Lists received from Employers.				Notices served on Occu- piers as to keeping or sending lists.	Lists
Sending twice in the year.					
Nature of Work.	Lists	Outworkers.			
		Con- tractors	Work- men.		
Making Wearing Apparel	28		82	Making Wearing Apparel	4
Furniture and Upholstery	2		4	Furniture and Upholstery	1
Total ...	30		86	Total ...	5

Outwork in Unwholesome Premises.				Section 108.	
				Instances.	Notices Served.
Making Wearing Apparel...	...	...	...	1	1
Furniture and Upholstery ...	...	...	...
Total ...				1	1

TABLE IV.

REGISTERED WORKSHOPS.

Workshops on the Register at the end of the Year.							Number.
Bakehouses	...	...	...	...	...	...	43
Dressmakers and Milliners				...	...	...	27
Tailors and Bootmakers	...			...	...	...	27
Laundries	...	...	...	...	...	...	7
Building Trade	...	...	...	...	...	...	35
Upholsterers	...	...	...	...	...	...	4
Engineers and Whitesmiths				...	...	...	18
Printers	...	...	...	...	...	...	9
Miscellaneous	...	...	...	...	...	...	32
Total	...	...					202

TABLE V.

OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix abstract of the Factory and Workshop Act	5
Action taken in matters referred by H.M. Inspector of Factories as remediable under the Public Health Acts, but not under the Factory and Workshop Acts :—	
Notified by H.M. Inspector	5
Reports (of action taken) sent to H.M. Inspector...	5
Other	—
Underground Bakehouses :—	
Certificates granted during the Year... ..	—
In use at the end of the Year	11

C.—Sanitary Administration of the District.

1. *Staff: Work of Inspectors of Nuisances and other officers engaged in Sanitary Work.*

The staff consists of

Myself as Medical Officer of Health,
W. T. Smith, A.R.San.I., Sanitary Inspector,
Miss Bacon, A.R.San.I., C.S.I.E.B., Female Sanitary
Inspector and Health Visitor,
One Disinfecting Officer,
One Clerk.

The work of the Sanitary Inspector is by no means light, owing to the large area of the district and the large increase in the population during the season. He has the assistance of the Disinfecting Officer in drain testing. Capt. West, of the Fire Brigade, who is also the Inspector of Common Lodging Houses, unfortunately met with an accident which kept him from his duties for twelve months, and these, in so far as the Common Lodging Houses are concerned, were performed during 1913 by the Sanitary Inspector. The Health Visitor, however, has carried out many duties usually performed by the Sanitary Inspector, and thus he was enabled to meet all the calls upon his time and attention.

The work of the Health Visitor includes visitation of babies under the Notification of Births Act, of cases of phthisis and other tubercular diseases under the Public Health (Tuberculosis) Regulations, of milk-shops, houses let in lodgings, fried fish shops, the premises of hawkers of fish and ice cream, of outworkers premises, and of workplaces where women are employed. In addition she makes routine enquiries in respect of many of the cases of infectious disease. As this is the first complete year during which the Health Visitor has been at work in the town it is well to record that she meets a very clearly defined need, and that her work has been attended by highly satisfactory and encouraging results. She has been well received and people have manifested a readiness to carry out her suggestions which gives promise of an early and marked improvement in domestic sanitation.

2. *Hospital accommodation available for infectious diseases ; its sufficiency and use during the year ; hospital administration.*

The Isle of Thanet Joint Board's Hospital is situate at Haine, just outside the borough boundary. It contains 116 beds. Provision is made for the treatment of scarlet fever, diphtheria and enteric fever. There is also an observation block and small pox pavilions. 70 per cent. of the cases notified in the borough during the year were removed to the hospital.

TABLE :—*Shewing the period of detention in hospital of the cases under treatment there during 1913.*

Disease.	No. of Patients.	No. of days in Hospital.	Average per Patient.
Diphtheria	27	1254	46·5
Scarlet Fever	35	2512	71·9
Typhoid Fever	10	441	44·1

Diphtheria.

Under 21 days ... ..	...	...	...	4
3—4 weeks ... ..	...	...	...	—
4—6 weeks ... ..	...	...	...	8
6—8 weeks ... ..	...	...	...	9
8 weeks and over ... ..	...	...	...	6

Scarlet Fever.

3—6 weeks ... ..	...	...	...	1
6—8 weeks ... ..	...	...	...	3
8—12 weeks ... ..	...	...	...	23
12 weeks and over ... ..	...	...	...	8

Typhoid Fever.

Under 6 weeks ...	...	...	...	5
6—8 weeks ...	...	...	...	3
8 weeks and over ...	...	...	...	2

N.B.—The cases still in the Hospital at the end of the year are not included in the table.

3. *Administration of local Acts or general Adoptive Acts in force in the district.*

There are no local Acts containing sanitary provisions in force in the district. The following Acts have been adopted :—

Public Health Acts Amendment Act, 1890, Part III.

Public Health Acts Amendment Act, 1907.

Notification of Births Act, 1907.

The Infectious Diseases (Prevention) Act, 1890, has not been adopted.

4. *Chemical and bacteriological work during the year.*

All necessary bacteriological work is carried out at the County Laboratory.

The following table shews the extent to which the services of the laboratory have been utilised during the year.

Specimen.	No. Sent.	No. Positive.
Widal (for typhoid) ...	15	9
Throat Swabs (for diphtheria)	26	13
Sputum (tuberculosis) ...	18	7
Hairs (for ringworm) ...	10	5
Others ...	3	1
	72	35

Analyses of water, food and drugs are undertaken by the Borough Analyst.

In my Annual Report for 1912 attention was directed to the chemical constitution of the milk samples taken for analysis under the Foods and Drugs Act, and it was shewn that even when the adulterated samples were included the average fat content of the milk was .54 per cent. above the statutory standard, viz., 3 per cent. A similar study of the analyses made in 1913 shews that the milk sold in the town continues to be of good quality.

TABLE :—*Shewing the average content of the 45 milk samples taken during 1913. Nine adulterated samples are included.*

Legal Standard.				Ramsgate Samples.
Fat	...	...	3 per cent.	3·61 per cent.
Solids not fat	...	8·5	„	8·66 „
Total Solids	...	11·5	„	12·27 „

It was pleasing to note recently that one of the milk traders in the town not only has samples of his milk reported on by an analyst at intervals but that the analyst’s certificate is posted in the shop window and so forms an assurance to the public of the quality of the milk and incidentally a very useful advertisement.

D.—Prevalence of and Control over Acute Infectious Diseases.

There were 99 notifications received under the Act as compared with 113 last year and 87 in 1911. Notifications of two cases of diphtheria were withdrawn and renewed as scarlet fever.

With these corrections the notifications were as follows :—

Diphtheria	...	...	...	...	29
Scarlet Fever	...	...	...	...	53
Enteric Fever	...	...	...	...	10
Erysipelas	...	...	...	...	7
					—
					99
					—

69 of these cases, 70 per cent., were removed to the Isolation Hospital. There were six deaths, five from diphtheria and one from scarlet fever. Infectious disease occurred in the persons of seven visitors, four from scarlet fever and three from diphtheria, illnesses which in the majority of cases it was clear they brought with them.

TABLE :—*Shewing age incidence of cases of Infectious Disease.*

	0—1	1—5	5—15	15—25	25—65	65 over.	Total.
Scarlet Fever	10	36	5	2	...	53
Diphtheria	8	19	2	...	...	29
Enteric Fever	4	4	1	1	...	10
	...	22	59	8	3	...	92

TABLE :—*Shewing seasonal incidence of cases of Infectious Disease.*

Month.	Scarlet Fever.	Diphtheria.	Enteric.	Total.
January	3	4	...	7
February ... ..	...	2	...	2
March	6	1	...	7
April	2	5	...	7
May ... ..	...	...	...	...
June	2	3	1	6
July	2	2	1	5
August	4	2	...	6
September ...	5	2	6	13
October	13	2	2	17
November ...	5	2	...	7
December ...	11	4	...	15
Total	53	29	10	92

The administrative measures taken to prevent the spread of infectious disease have been detailed in previous reports.

18 houses have been redrained, wholly or in part, in consequence of tests carried out after the occurrence of infectious disease.

ENTERIC FEVER.

Number of cases	...	...	...	10
Number of deaths	...	...	...	—
Incidence Rate per 100,000	...	...	...	34
Ditto (in England and Wales) in 1912	...	...	...	23

TABLE :—*Shewing the number of cases of typhoid fever and of deaths from typhoid registered in Ramsgate in 10 years.*

Year.	No. of Cases.	Deaths.
1904 ...	10	2
1905 ...	39	5
1906 ...	17	2
1907 ...	9	3
1908 ...	5	0
1909 ...	14	1
1910 ...	19	0
1911 ...	35	7
1912 ...	13	1
1913 ...	10	0
Total ...	171	21

Positive Widal tests were made in six of the cases.

In four cases a history of the recent consumption of shellfish was obtained.

A series of five cases occurred in one household consisting of two families.

A boy and his mother were seen in consultation on September 13th. The diagnoses were confirmed by Widal tests and the patients were both removed to Hospital on the 15th. Two further cases were notified from the same house on the 16th and one on the 28th September respectively. The ages of the cases were 3, 3, 4, 10 and 28. In all probability the cases of the young children would have been missed, as without doubt suspicion as to the nature of the ailments from which they were suffering was aroused by the occurrence of the disease in the mother and older boy. On enquiries being made it was ascertained that the boy of ten, who was the first of the family to fall with the disease, had a similar illness in the preceding year when he was regarded as suffering from "brain fever." The grandmother who nursed the boy on both occasions stated that the odour and appearance of his stools during both illnesses were precisely similar. These statements are highly suggestive, and incline one to the belief that the boy had suffered from typhoid fever in the previous year, that he was a "carrier" suffering from a relapse, and that he was the origin of the entire series of cases. The infection of young children is noteworthy, and emphasises the importance of considering the possibilities of typhoid when young children with bronchitic symptoms run a temperature for two or three weeks. I am strongly of the opinion that typhoid fever is much more common in young children than is generally supposed.

DIPHTHERIA.

Number of cases	...	...	...	29
Number of deaths	...	...	...	5
Case Mortality	...	...	...	18 per cent.
Incidence rate per 100,000	...	...	...	97
Ditto (in England and Wales) in 1912...				124

TABLE :—*Shewing the number of cases of diphtheria and of deaths from diphtheria registered in Ramsgate in the last 10 years.*

Year.	No. of Cases.	Deaths.	Mortality. per cent.
1904 ...	63	6	9·5
1905 ...	61	5	8·2
1906 ...	64	7	10·9
1907 ...	28	3	10·7
1908 ...	32	7	21·8
1909 ...	20	2	10·0
1910 ...	27	2	7·6
1911 ...	13	...	...
1912 ...	46	4	9·0
1913 ...	29	5	18·0
Total ...	383	41	10·8

Swabs were taken in only six of the cases notified.

One of the fatal cases occurred in the person of a visitor. Two other cases occurred in the persons of visitors. Two cases not included in the above total were notified as diphtheria in the first instance. Later these notifications were withdrawn and notifications of scarlet fever substituted for them.

Two cases occurred in one family and three in another where there had been a case in the previous year. This child, E.S., returned from Hospital on February 11th. A girl of 11 failed with diphtheria on 21st May. The family in the meantime had removed from the house in which the first case had occurred and the drains in the new residence were found to be very defective. Before the work of redraining could be put in hand other children in the family were found to be suffering from diphtheria. Swabs from the noses and throats of three children were positive and one of these was the boy who had returned from the Hospital on February 11th. Whether he was a "carrier" and had infected the family or whether he had been re-infected along with the other children was a matter that could not be determined.

One outbreak was clearly traceable to school influence. Cases Nos. 102/1912 and 103/1912 were notified on November 15th and November 16th, 1912. They were in the same class at school. All the children in the class were inspected and swabs were taken in three cases which were suspicious. They proved negative. Case No. 108/1912 was notified on December 10th, 1912. Case No. 1/1913 occurred on January 2nd, 1913, and case No. 8/1913 on January 25th, 1913. All these cases lived, with one exception, in the same neighbourhood, and were, with one exception (another boy), in the same class.

A careful inspection of the class was again made by the School Nurse who picked out two suspicious cases. Swabs were taken by me. Both were positive and the boys were sent to Hospital. One of these cases had been ill since December 16th, 1912, and indeed had been absent from school for a few days. The other boy, who had had a discharging and sore nose since February, 1912, had commenced school attendance about the middle of October, 1912, about a month before the occurrence of the first case. I have no doubt but that he was the origin of the entire series of cases. No case has occurred in the school since.

SCARLET FEVER.

Number of cases	...	...	...	53
Number of deaths	...	...	...	1
Case Mortality	...	...	...	1.9 per cent.
Incidence rate per 100,000	...	...	...	176
Ditto (in England and Wales) in 1912	...	...	...	298

TABLE :—*Shewing the number of cases of scarlet fever and of deaths from scarlet fever registered in Ramsgate in 10 years.*

Year.	No. of Cases.	Deaths.	Mortality. per cent.
1904 ...	150	4	2.7
1905 ...	137	7	5.2
1906 ...	111	2	1.8
1907 ...	65	...	...
1908 ...	36	2	5.5
1909 ...	73	1	1.4
1910 ...	53	1	1.9
1911 ...	31	...	...
1912 ...	45	1	2.2
1913 ...	53	1	1.9
	754	19	2.5

Four cases occurred in the persons of visitors. As will be noticed from a study of the Table shewing the seasonal incidence of Infectious Diseases in the town during the year, cases of Infectious Disease were relatively few until the advent of the "season." Scarlet fever, which had been rife in London and other towns, was introduced into the borough and the greatest difficulty was experienced in preventing the spread of infection owing to the extremely mild nature of the illness.

When the elevation of temperature and the rash are barely perceptible and the throat symptoms are almost negligible, practitioners have very great difficulty in determining the infectious nature of the ailment, and the fact that they are sometimes not called in until all rash and throat symptoms have disappeared renders their task all the more difficult. Several cases were not diagnosed for these reasons until peeling occurred. One intensely toxic case occurred in which death supervened prior to the patient's removal to hospital.

For the past three years the Local Government Board have required Medical Officers of Health to make weekly notifications to them of cases of Infectious Disease occurring in their district. The facts are tabulated by the Board and a circular is issued weekly to Medical Officers of Health throughout the country showing the incidence of Infectious Disease in the several areas. The information contained in these circulars proves of the greatest value and interest. The Medical Officer to the Board has recently issued a Report, based on the weekly returns, shewing the incidence of infectious disease throughout the country during the year. This report enables comparisons to be made between different districts. The facts contained in the Table below have been abstracted from the Report in question.

TABLE :—*Shewing the number of cases of Infectious Disease and Attack-Rates in various Kent towns in 1913.*

	Estimated Population in the middle of 1912.	Scarlet Fever.		Diphtheria.		Enteric Fever.	
		Cases.	Rate per 1000	Cases.	Rate per 1000	Cases.	Rate per 1000
Beckenham ...	32,408	62	1·91	78	2·41	2	0·06
Bromley	34,474	56	1·62	65	1·89	...	...
Chatham	42,938	103	2·40	140	3·26	9	0·21
Dover	43,774	85	1·94	107	2·44	2	0·05
Folkestone ...	33,880	70	2·07	77	2·27	3	0·09
Gillingham ...	53,511	215	4·02	151	2·82	4	0·07
Gravesend ...	28,237	103	3·65	40	1·42	19	0·67
Maidstone ...	35,734	167	4·67	29	0·81	5	0·14
Margate	27,610	37	1·33	31	1·11	1	0·04
RAMSGATE...	29,851	60	2·01	27	0·90	10	0·33
Rochester... ..	31,489	62	1·97	55	1·75	17	0·54
Tunbridge Wells	36,005	3	0·08	69	1·92	...	...

E.—Prevalence of and Control over Tuberculosis.

The Public Health (Tuberculosis) Regulations, 1912, came into operation on February 1st, 1913. Their main requirement is the notification of all forms of tuberculosis by medical practitioners, an extension of the previous Regulations, which required the notification of cases of pulmonary tuberculosis only.

TABLE :—*Shewing the notifications of tuberculosis received during 1913 (duplicate notifications excluded).*

Notified by	Pulmonary Tuberculosis.	Other Tubercular Diseases.
Private Practitioners in Ramsgate...	37	15
School Medical Officer	3	18
Poor Law Medical Officers... ..	8	5
Practitioners outside borough ...	3	2
	51	40

TABLE :—*Shewing an analysis of the notified cases of Other Tubercular Diseases.*

Tubercular Bones	...	...	...	7
„ Skin	...	...	...	2
„ Glands	{	neck	...	18
		others	...	2
„ Other organs		...	...	11
				—
				40
				—

The incidence rate of pulmonary tuberculosis is 1.7 per 1,000 and the death rate from the same disease is 1.0 per 1,000. The former figure must be taken with reserve. There can be no doubt that the number of cases should exceed the number of deaths by, at least, three or four to one, and this is borne out by the fact that 33 persons, or more than half the number of cases notified in each of the last two years, were still alive more than eighteen months after their cases were notified.

The following are the facts respecting the cases notified.

TABLE :—*Shewing the age and sex incidence of pulmonary tuberculosis and other tubercular diseases in the borough.*

		0—15	15—25	25—45	45 and over.
Pulmonary Tuberculosis	M	3	3	7	11
	F	3	8	13	3
Other Tubercular Diseases	M	14	1	3	1
	F	13	4	4	...

TABLE :—*Shewing the period that has elapsed since the date of notification in the 71 cases of pulmonary tuberculosis now under observation.*

Under 6 months	...	...	...	8
6— 9 months	...	...	...	10
9—12 months	...	...	...	8
12—18 months	...	...	...	12
Over 18 months	...	...	...	33

As is shewn in Table iii, p. 63, tuberculosis accounted for 39 deaths, of which 31, or 80 per cent., were due to pulmonary tuberculosis. The cases of two of these were not notified during life. Two more occurred in the persons of temporary residents whose deaths could not be transferred away owing to the fact that their places of residence were not

situate in England and Wales. Further, one case notified as suffering from pulmonary tuberculosis was registered as dying from tuberculous enteritis, and another similarly notified was registered as dying from nephritis.

Similarly, in respect of other tubercular diseases, two cases were not notified and one notified as suffering from tuberculous meningitis was registered as dying from meningitis. Such discrepancies are unfortunate and make it difficult to assess the facts.

Of the 20 cases notified as suffering from pulmonary tuberculosis and registered as dying from the same cause, the following are the facts.

TABLE :—*Shewing the period that elapsed between notification and death in 20 cases of pulmonary tuberculosis.*

Less than 1 month	...	...	...	5
1— 3 months	...	...	...	7
3— 6 months	...	...	...	4
6—12 months	...	...	...	1
Over 12 months	...	...	...	3
				—
				20
				—

Though the facts are so few they are, nevertheless, suggestive. More than half the cases died within 3 months of notification, shewing that advice is not sought early enough. On the other hand the fact that 33 persons are still under observation after 18 months shews that the outlook in these cases, when detected at an early stage, is by no means bad.

ADMINISTRATIVE MEASURES.

The County Insurance Committee in association with the County Council undertakes the treatment of tuberculosis in the persons of insured persons and their dependents.

The Sanitary Authority's work is limited to preventing the spread of infection and the taking of other measures for lessening the incidence of the disease.

With these objects in view the Health Visitor visits the homes of the cases notified to advise as to the destruction of sputum and the practice of open-air methods, and to search for insanitary conditions. She leaves leaflets of advice for consumptives and, when necessary, advises them to place themselves under the continuous care of a doctor or to attend at the Tuberculosis Dispensary.

Some 71 cases of pulmonary tuberculosis and 30 cases of other tubercular disease were thus visited, some frequently, in the course of the year. In addition, cases occurring in the persons of school children

have been kept under periodic supervision at the School Clinic and some of them have been referred for examination to the Tuberculosis Dispensary. When a death occurs or a patient leaves the district or changes his dwelling the rooms and bedding are disinfected as may be required. 38 rooms and sets of bedding were disinfected for this purpose in the course of the year. Sputum cups, shelters and medical attendance are not provided by the Council.

The Tuberculosis Dispensary was opened by the County Council in the autumn and appears to be doing good work. Consumptives and persons who suspect themselves to be the subjects of tuberculosis are presenting themselves for examination and treatment in increasing numbers.

After the close of the year arrangements were made whereby the work of the Tuberculosis Dispensary and that of the Sanitary Authority may be co-ordinated to the fullest extent, in the main by the exchange of information. The function of the Sanitary Authority will remain as in the past, the prevention of the spread of infection and disease, though now its work will be facilitated and rendered more efficient in that the medical care of patients desiring it is undertaken by the County Council and the County Insurance Committee.

F.—Investigations of other Diseases.

No disease not already mentioned called for attention and enquiry during the year.

G.—Means for preventing Mortality in Childbirth and in infancy.

The powers under the Midwives' Act are exercised by the County Council.

The town is in the unfortunate position of being without a trained midwife. One of the three in practice last year has left the district, one has broken down in health, and the third has lately been struck off the Rolls by the Central Midwives Board.

The Ramsgate and St. Lawrence Maternity Charity continues to afford assistance to necessitous women during their confinements. According to the most recent Report 86 women were so assisted. The operation of Maternity Benefit under the National Insurance Act has considerably affected the finances and benefits conferred by the Charity. No monetary assistance is now given to beneficiaries under the Insurance Act, though the loan of a "bag" containing linen, etc., is still made to them.

As the wives of fishermen, of whom there are many in the borough, do not come within the scope of the National Scheme there is still a field, limited certainly, for the work of the Charity. It is to be hoped that

this Charity with its century long history will adapt itself to modern conditions and find fresh outlets for its energies and charities.

Maternity Benefit has by no means provided for all the needs of expectant women, and subscribers to the Charity in the past might recollect that much may still be done in forwarding the objects of the Charity in assisting expectant mothers with food or money so as to free them from the necessity of working immediately before their confinements, and by supplying food for the mother and milk for the child afterwards. Wrongly and unnecessarily women wean their infants too soon—sometimes they never attempt to nurse them at all—and the provision of milk is a heavy tax on family budgets. Indeed, many families cannot possibly afford the 2/6 per week that the milk necessary for an infant's sustenance costs. Nursing at the breast is not only more economical but incomparably better for the infant than cows' milk or artificial feeding. In these directions the Charity may find very useful work waiting to be done.

The Crèche in Hereson-road again records a successful year's work. I am informed that the number of admissions was more than doubled during the year, and that during the season additional help had to be obtained.

During the autumn the Ramsgate Women's Local Government Association organised a very successful popular lecture on Infant Mortality which was addressed by Dr. F. Truby King, the representative of the New Zealand Government at the Infant Mortality Congress in London in August.

The Notification of Births Act was adopted by the Council, and came into operation on March 1st. No difficulties have arisen from its operation, and already much good has been achieved. I have to express my indebtedness to the medical men and midwives practising in the town for their kindness in notifying without fee the births attended by them.

TABLE :—*Shewing facts as to the administration of the Notification of Births Act, 1907, March 1st—December 31st, 1913.*

Number of Births Notified by Doctors	...	...	253
„ „ „ Midwives	...	...	186
„ „ „ Parents	...	...	5
„ „ Registered but not notified	...	...	24
			<hr/> 468 <hr/>

Number of Births Notified within 36 hours					...	171
„	„	„	„	3 days	...	161
„	„	„	„	5 days	...	64
„	„	„	„	1 week	...	31
„	„	„		after 1 week	...	17
						444

The Health Visitor has visited 395 of the births notified, and in all 1,013 visits were paid to babies during the year. On the occasion of her first visit the Health Visitor enters on a card various facts respecting the child, the number of children in the family, etc., and she leaves a leaflet of instruction on the Management of Babies with the mother. Ten days are allowed to elapse after the date of the birth before a visit is paid. This is not to be taken as indicating that early notification is not necessary, as in selected cases there are reasons why this rule should be ignored. On subsequent visits the Health Visitor ascertains that the suggestions as to regularity in meals, sleep, bathing and exercise are being observed. She notes any change in the dietary or any symptoms in the child which may call for attention, and advises the calling in of medical advice, when necessary. The Medical Officer of Health inspects these cards daily and gives instruction for frequent visiting or other action as may appear to him desirable.

Among other matters the Health Visitor gives attention to the sanitary condition of the home, and in this way numerous nuisances have been discovered and dealt with.

The work of the Health Visitor has rendered possible an intensive study of the causes of Infant Mortality in the town, and has also provided an opportunity for the study of social conditions. Too little has yet been done to allow of very definite conclusions being made, but the facts collected have been tabulated and are published below, so that in later years a study of all the material may lead to conclusions of some value.

TABLE :—*Shewing the Mortality Rate per cent. in families of varying size.*

	1 Child.	2	3	4	5	6	7	8	9	10	11	12	13	14	Total.
							Children.								
No. of Families	82	75	64	47	27	30	22	14	11	8	4	1	1	3	389
No. of Children	82	150	192	188	135	180	154	112	99	80	44	12	13	42	1,483
No. Dead... ..	9	9	25	27	15	18	34	17	25	24	15	3	1	16	238
Mortality per cent	11	6	13	14	11	10	23	15	25	30	34	25	7	38	16

As poverty and relative poverty have material influences on infant mortality some attempt has been made to ascertain the family income

where there were new arrivals during the year, and also the amounts to be deducted from this for rent. The tables shew clearly the very slender resources on which poor parents have the courage to attempt to raise children and the very great sacrifice that is being made in poor homes in order to do so.

TABLE :---*Shewing economic conditions obtaining in families in which a birth occurred.*

Income was less than 16/- per week in ...	...	48 families.
„ between 16/- and 18/- per week in ...	...	3 „
„ „ 18/- and 20/- „ ...	...	33 „
„ „ 20/- and 25/- „ ...	...	90 „
„ „ 25/- and 30/- „ ...	...	16 „
„ over 30/- in ...	...	10 „
		<hr/>
		200
		<hr/>

In these families considered above

Rent was under 4/6 per week in ...	...	35 families.
„ between 4/6 and 5/6 per week in ...	...	34 „
„ „ 5/6 and 7/6 „ ...	...	112 „
„ „ 7/6 and 9/- „ ...	...	18 „
„ over 9/- per week ...	...	1 family.
		<hr/>
		200
		<hr/>

TABLE :—*Shewing the rents paid where the family income was less than £1 per week.*

Number of families ...	...	84
Rent less than 5/6 ...	...	36
Rent between 5/6 and 7/6 ...	...	40
Rent between 7/6 and 9/- ...	...	7
Rent over 9/- ...	...	1
		<hr/>
		84
		<hr/>

TABLE :—*Shewing the rents paid where the family income was over £1 per week.*

Number of families ...	...	116
Rent less than 5/6 ...	...	32
Rent between 5/6 and 7/6 ...	...	73
Rent between 7/6 and 9/- ...	...	10
Rent over 9/- ...	...	1
		<hr/>
		116
		<hr/>

During the hot weather in the summer the Health Visitor devoted special attention to the visitation of babies. Numerous visits were paid to ailing babies and also to babies residing in districts of the town where diarrhoea is known to be most prevalent. Similarly, special attention was given at that time to those districts by the Sanitary Inspector. Though refuse is collected daily in the borough there is no doubt that the improper storage of house refuse and the relatively large amount of fish offal and scraps contained in this refuse undergoing, as it does, rapid decomposition are large factors in the causation of the excessive incidence of summer diarrhoea on the infants and young children in the poorer quarters of the town.

Infantile Mortality.

Table iv. page 64 contains an analysis of the deaths of infants under one year of age in the borough during 1913. The infantile mortality rate is 92 per 1,000 births as compared with 109 per 1,000 births in England and Wales. The fact that there were few deaths from whooping cough and measles has had some considerable influence in lowering the rate from 110 per 1,000 births, the figure recorded last year. Diarrhoea was again prevalent, but thanks to the work of the Health Visitor and her urgent advice to call in medical assistance when diarrhoea occurred, the diarrhoea and enteritis rate, though considerably higher than last year, is less than might have been anticipated.

The work of the Health Visitor has rendered possible a more intensive study of the causes of infant deaths in the borough than had been possible in previous years. Quite apart from the causes of death as registered, the varying factors contributing to the individual deaths have been noted and the relative importance of each assessed.

Poverty was quite definitely a factor and possibly the main factor in seven cases. Improper care was a factor of importance in six cases. Difficult labours were noted in seven cases. The presence of flies in the house to the extent of being a serious nuisance was noted in five cases, and four of these, it should be recorded, died of diarrhoea. No less than 30 deaths occurred in infants who were not being nursed at the breast, and of the remainder seven died before lactation commenced. In other words only 13 out of the fifty-one infants who died were receiving their natural sustenance. This fact has been repeatedly demonstrated that babies nursed at the breast have eight or nine times the chances of life that artificially fed babies have. If Ramsgate mothers would only nurse their infants our infant mortality would be very greatly and quickly diminished. For instance, it was shewn in my Annual Report for 1911 how severe is the incidence of summer diarrhoea among the infants in the town, how indeed this one factor has a controlling influence on the infant mortality rate. Not one of the 12 infants who died from diarrhoea in 1913 was being breast fed at the time of death. Few breast fed babies die of diarrhoea. Therefore, the best preventive measure against summer diarrhoea is breast feeding.

Yet any excuse seems good enough for weaning a child. Lack of milk is much too frequently given as a reason. It must be remembered that lack of milk is a weakness and a reproach. Before mothers wean their infants for this reason they should consult a doctor, as much may be done to restore the flow of milk. Unfortunately the need to go out to work was the reason for weaning in one fatal case. Four of the infants who died were illegitimate and eleven were premature.

Twelve infants died within one week of birth, five of them being premature. Five died of convulsions and one each from inattention at birth and accident at birth.

Nine more infants died within one month of birth and in six of these cases the Health Visitor obtained a history of prematurity—a heavy handicap in the race of life. Two died from bronchitis, one from diarrhœa, and one from marasmus, only one of the four being nursed at the breast.

Thirty children who survived the first month died before reaching their first birthday. Five of them died from convulsions probably due to ante-natal causes, one from accident, two from tuberculosis, probably two from syphilis, one from marasmus arising, it is suspected, from improper care, five from respiratory diseases and twelve from diarrhœa and enteritis.

At least twenty of the fifty-one infants deaths were readily preventable, and there is no reason why our infant death rate should not be reduced by half. Auckland in New Zealand has reduced its infant death rate from 80 to under 40 per 1,000 in the course of a very few years, and there is no reason why similar results should not be achieved in this country.

In order to achieve such results it is necessary to know the extent of the problem and the difficulties to be met. Fortunately two recent Reports of the Medical Officer to the Local Government Board supply these facts. The causes of Infant Mortality are divisible into two groups (a) ante-natal causes, i.e., those in operation before birth, (b) post-natal causes or causes arising after birth. The great reduction in Infant Mortality throughout the country generally during the past eight years, but more especially in those areas where active measures have been taken, has chiefly resulted in consequence of measures taken to cope with post-natal causes. There is no reason, however, why deaths from ante-natal causes should not be diminished, and indeed active measures in this direction in New York have met with distinct success. Ante-natal causes involve death as a rule within three months of birth; post-natal causes come into operation in the later months of infancy. In Ramsgate deaths from ante-natal causes are relatively few. As was shewn in my Annual Report for 1911 Ramsgate children start life under good auspices. Indeed, as will be seen from the table on page 51, the death rate of infants under one month in Ramsgate is no less than 20 per cent. better than the average death rate in the first month in

241 urban areas. In 3—6 month period the Ramsgate death rate is 12 per cent. worse than the average, though by the end of the year it has so far recovered ground as to be 17 per cent. better than the average. For the second six months of life the Ramsgate figures are no less than 28 per cent. better than the average of the 241 towns. The third to the sixth month is the period to which attention must be devoted. It is in these months that measles, whooping cough and diarrhoea take their deadly toll.

TABLE :—*Shewing the ages of infants at death during the past nine years in Ramsgate.*

	Under 1 week.	0—1 month.	0—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths in first year of life.
1905	23	27	32	12	9	3	56
1906	12	19	36	24	15	7	82
1907	11	20	37	26	10	12	85
1908	9	18	34	11	6	3	54
1909	13	22	33	11	10	7	61
1910	7	18	29	14	7	4	54
1911	10	19	29	12	9	7	57
1912	17	29	43	11	7	10	71
1913	12	21	31	9	6	5	51

As regards causes of death the Ramsgate statistics are better than the average in all save one particular—diarrhoea—where the death rate is 36 per cent. above the average. To emphasise the importance of diarrhoea as a cause of infant deaths the following table has been prepared to shew the percentage of the total infant deaths due to diarrhoea in recent years.

1904	...	23 per cent.	1909	...	22 per cent.
1905	...	15 „	1910	...	26 „
1906	...	35 „	1911	...	44 „
1907	...	16 „	1912	...	4.2 „
1908	...	26 „	1913	...	25 „

The following table shews how other towns of more or less similar size and circumstance compare in these matters with Ramsgate. The figures indicate how far above or below the average death rates in 241 towns for various age periods and various causes are the rates in the several towns in the table. These figures are based on an analysis of the statistics of the 241 towns for a period of four years (1907—1910), and are abstracted from the Report of the Medical Officer to the Local Government Board.

The "Group of Five" includes premature births and congenital defects, injury at birth, want of breast milk and atrophy, debility and marasmus, the last three being grouped as one.

DEATH RATE.			0—1 Month.	0—3 Months.	Premature Birth & Congenital Defects	"Group of Five."	3—6 Months.	6—12 Months.	Measles and Whooping Cough.	Bronchitis and Pneumonia.	Diarrhoea.	Total, 0—1 years.	Total, 1—5 years.
			%	%	%	%	%	%	%	%	%	%	%
Beckenham	...	...	— 6	—17	— 8	—22	—64	—51	—54	—43	—47	—36	—55
Blackpool	...	...	— 1	+ 2	+ 5	— 4	— 6	— 9	—23	— 6	— 9	— 2	—21
Bournemouth	...	...	— 7	—18	— 2	—12	—29	—48	—68	—42	—59	—30	—45
Brighton	...	...	—14	—11	—15	— 8	—14	—16	—30	+ 4	— 8	—13	—45
Bromley	...	...	—30	—36	—43	—34	—61	—46	—89	—46	—25	—44	—57
Chatham	...	...	+ 0	+ 3	+26	+ 0	— 6	—26	—10	—10	—32	— 7	—20
Croydon	...	...	—17	—19	+ 1	—10	—32	—34	—29	—28	—39	—26	—37
Dover	...	...	—21	—17	— 8	—16	—25	—44	—54	—31	—48	—26	—37
Eastbourne	...	...	— 7	—12	+ 3	—12	—48	—30	—53	—39	—34	—24	—53
Erith	...	...	—28	—26	—11	—13	—42	—47	—36	—43	—56	—35	—39
Folkestone	...	...	— 8	—21	—16	—24	—20	—49	+33	—43	—33	—29	—50
Gillingham	...	...	— 8	—18	—23	—29	—49	—51	— 8	—37	—64	—33	—63
Gravesend	...	...	— 9	—10	—27	—20	—28	—18	—35	—20	—13	—16	—32
Great Yarmouth	...	...	+ 3	+11	+33	+21	+ 5	—26	— 5	—32	—12	+ 0	—37
Harrogate	...	...	—12	—20	—19	—19	—25	—37	—49	—36	—43	—26	—48
Hastings	...	...	—23	—27	—17	—14	—28	—45	+23	—48	—79	—33	—36
Maidstone	...	...	— 8	—11	— 5	—13	—15	—27	—22	+ 9	—15	—16	—21
Margate	...	...	— 2	— 3	—16	— 9	—28	—38	— 9	—34	—21	—17	—33
Penge	...	...	—32	—35	—28	—36	— 8	—35	—68	—10	—52	—30	—49
RAMSGATE	...	...	—20	—13	—15	—20	+12	—28	— 5	— 7	+36	—13	—37
Rochester	...	...	—14	—23	—15	—40	—34	—38	—27	—25	—39	—30	—29
Scarborough	...	...	— 9	—14	+24	— 6	—32	—26	—32	—34	—18	—21	— 8
Southend	...	...	— 8	—16	— 8	—24	—33	—47	—24	—42	—29	—28	—48
Torquay	...	...	+ 6	— 2	+13	— 8	— 8	—31	—46	—22	—30	—12	—43
Tunbridge Wells	...	...	—16	—25	—14	—21	—59	—55	—37	—59	—73	—40	—35

+ = above average. — = below average.

Though the Infant Mortality rate in the borough is declining, it is not doing so either so rapidly or so steadily as that of England and Wales as a whole, as the accompanying chart shews. Special attention to this matter is, therefore, called for.

With this object in view the Corporation has adopted the Notification of Births Act and has appointed a Health Visitor. Her duty is to visit the homes where there are babies, to advise the mothers as to their care, and seek out insanitary conditions. Uncleanliness in some form or other is invariably associated with a high Infant Mortality rate. As the town is noted for the cleanliness of its streets and highways, domestic uncleanliness calls for remedy. Attention must be paid to the proper storage of house refuse, to the cleansing of yards and gullies, especially in the summer, and the protection of food-stuffs from infection. Infection of the most objectionable type is conveyed to food stuffs by flies. More attention should be devoted to the protection of food stuffs both in shops and in the homes of the people. The habit of leaving bread, butter and jam on the table after a meal is courting disaster in a house where there are children; and the display of fruit and other foods intended for consumption in an uncooked state in open shop windows bordering on busy streets is a serious source of danger.

Attention to all these matters is necessary, and it will be noted that everything depends on the whole-hearted co-operation of the people themselves with the Corporation, which is already taking an active part in the reduction of Infant Mortality.

H.—Vital Statistics.

BIRTHS.

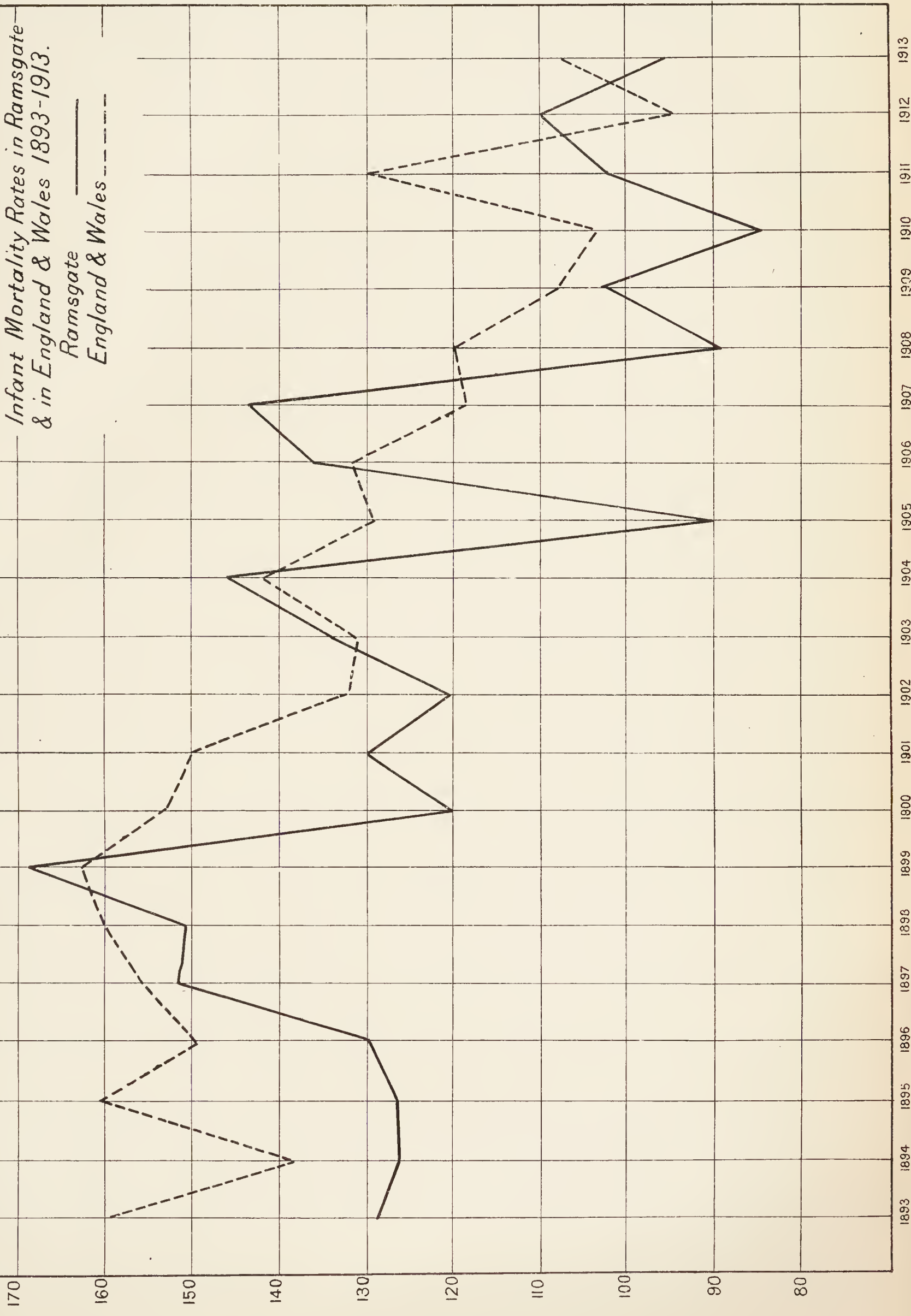
556 births were registered, 297 male and 259 female, and 21, or 3.8 per cent., were illegitimate. The birth rate was 18.6 per 1,000, the lowest rate recorded in the borough, in comparison with 21.7 per 1,000 in 1912. The natural increment of the population by births over deaths was 140, or 4.6 per 1,000 of the population.

DEATHS.

The nett deaths at all ages belonging to the borough number 417, giving a death rate of 13.9 per 1,000. As has already been pointed out, the excess of persons of late adult age in the population tends to make the death rate high, and it may not fairly be compared with the death rate of other towns unless the rates of the towns compared have first been "corrected" for the age and sex constitution of the population. The Registrar General has calculated a factor by which the nett death rate in each district must be multiplied and so standardised before true comparisons may be drawn. The factor in the case of Ramsgate is .8829, and the standardised death rate is 12.3 per 1,000.

*Infant Mortality Rates in Ramsgate
& in England & Wales 1893-1913.*

Ramsgate —————
England & Wales - - - - -



To further shew the influence of the sex and age constitution of the population in unduly raising the local death rate, I have prepared the table below shewing the nett and standardised death rates in various Kent towns in 1911 as contained in the Report of the Registrar General for that year.

District.	Recorded Death Rate.	Standardising factor.	Standardised Death rate.
Ashford	13.7	.9066	12.4
Beckenham	9.6	1.0056	9.7
Bexley	13.6	.9258	12.6
Broadstairs	9.1	1.0183	9.3
Bromley	10.2	.9926	10.1
Chatham	15.8	1.0055	15.9
Cheriton	10.3	1.1890	12.2
Chislehurst	8.9	1.0196	9.1
Deal	15.5	.8885	13.8
Dartford	11.8	1.0421	12.3
Dover	15.2	.9519	14.5
Erith	9.6	1.0028	9.6
Faversham	15.4	.8612	13.3
Folkestone	11.7	.9695	11.3
Foots Cray	9.4	1.0288	9.7
Gillingham	12.3	1.0620	13.1
Gravesend	15.5	.9413	14.6
Herne Bay	11.7	.9001	10.5
Hythe	11.2	.9050	10.1
Lydd	11.8	1.0013	11.8
Maidstone	14.9	.9261	13.8
Margate	12.4	1.0284	12.8
Milton	11.9	.8622	10.3
New Romney	8.3	.7848	6.5
Northfleet	14.7	.9636	14.2
Penge	13.7	.9244	12.7
Queenborough	12.0	1.1191	13.4
RAMSGATE	14.1	.8829	12.4
Rochester	14.8	.9627	14.2
Sandgate	10.1	1.2933	13.1
Sandwich	15.1	.8396	12.7
Sevenoaks	12.4	.9666	12.0
Sheerness	13.1	1.0150	13.3
Sittingbourne	15.7	.9278	14.6
Tenterden	13.6	.7730	10.5
Tonbridge	13.5	.9776	13.2
Tunbridge Wells	11.8	.8683	10.2
Walmer	7.3	1.0631	7.8
Whitstable	13.2	.7899	10.4
Wrotham	10.8	.9286	10.0

TABLE :—*Shewing Birth Rates and Death Rates for England and Wales in 1913 (provisional), in comparison with the corresponding figures for Ramsgate.*

	Annual Rate per 1,000 living.			Deaths under One Year per 1,000 Births.
	Births.	Deaths.		
		Crude.	Standardised.	
England and Wales	23·9	13·7	13·4	109
96 Great Towns (including London)	25·1	14·3	14·7	116
145 Smaller Towns	23·9	12·8	13·0	112
England and Wales (less the 241 Towns)	22·2	13·1	12·1	96
London... ..	24·8	14·2	14·2	104
3 RAMSGATE	18·6	13·9	12·3	92

A study of table iii, p. 63, will shew that measles and whooping cough accounted for only two deaths, as compared with 39 in the preceding years, while diarrhoea and enteritis caused 16 deaths, as compared with 5 in 1912. Congenital Debility and Malformation, including Premature Birth, caused 14 deaths, as compared with 26 deaths from the same causes in the previous year. The large decline in deaths from these causes explains the fall in Infant Mortality from 110 per 1,000 births in 1912 to 92 per 1,000 in the past year.

Tuberculosis caused 39 deaths, of which 31, or 80 per cent., were due to pulmonary tuberculosis or consumption.

Tables A and B over leaf, contain the facts as to the incidence of all forms of tuberculosis in the town during the past 10 years.

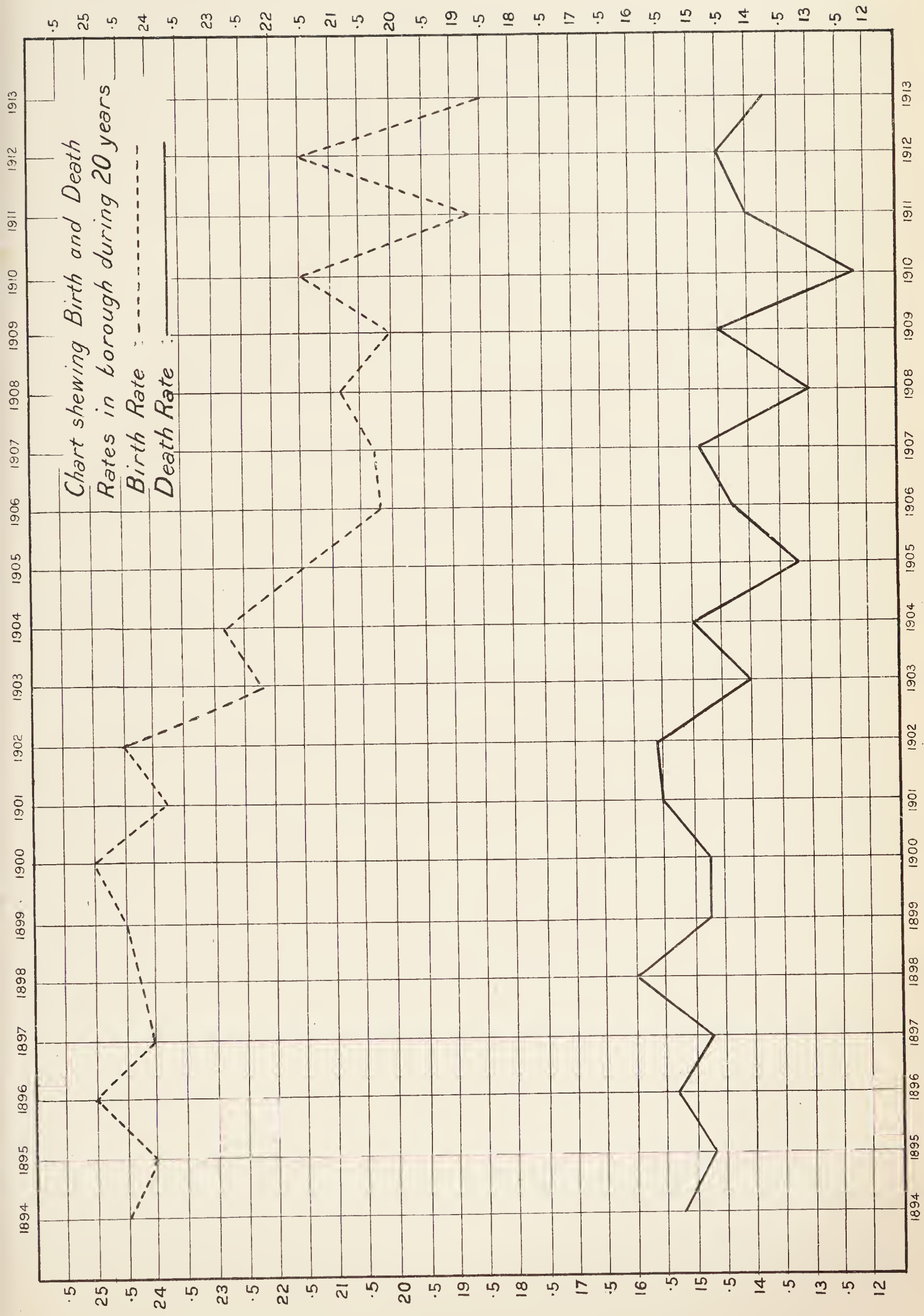


TABLE A :—Shewing the age and sex distribution of deaths from Pulmonary Tuberculosis during the last 10 years.

Year.		Age.							Total Deaths.	Death rate per 1,000
		Under 1	1—5	5—15	15—25	25—45	45—65	65—over.		
1904	M	...	1	...	2	5	4	...	12	27 ·96
	F	...	...	1	6	5	2	1	15	
1905	M	...	...	...	4	11	3	...	18	34 1·20
	F	...	...	2	2	10	2	...	16	
1906	M	...	...	...	1	3	2	1	7	21 ·74
	F	1	...	...	4	6	3	...	14	
1907	M	...	...	...	4	12	4	...	20	31 1·08
	F	...	...	...	4	4	2	1	11	
1908	M	...	...	1	2	5	2	...	10	20 ·69
	F	...	...	...	1	5	4	...	10	
1909	M	...	...	...	1	11	3	1	16	32 1·10
	F	...	1	...	4	7	4	...	16	
1910	M	...	...	...	5	9	3	...	17	38 1·29
	F	...	...	1	1	13	5	1	21	
1911	M	...	...	...	2	7	6	1	16	28 ·95
	F	...	...	...	2	5	4	1	12	
1912	M	...	...	...	3	8	4	2	17	26 ·88
	F	...	...	...	3	5	1	...	9	
1913	M	...	...	...	...	9	7	...	16	31 1·03
	F	...	...	1	3	8	2	1	15	
Total Deaths.		1	2	6	54	148	67	10	288	
Rate per 1,000 Deaths from Pulmonary Tuberculosis.		4	7	21	187	514	233	35		

TABLE B :—*Shewing the age and sex distribution of deaths from Other Tubercular Diseases during the last 10 years.*

Year.		Age.							Total Deaths.	Death Rate per 1,000.
		Under 1	1—5	5—15	15—25	25—45	45—65	65—over.		
1904	M	2	3	1	...	1	...	...	7	17 ·60
	F	2	1	5	1	1	...	...	10	
1905	M	3	2	...	1	...	1	...	7	13 ·46
	F	2	1	2	...	1	...	...	6	
1906	M	1	2	1	...	...	1	...	5	14 ·49
	F	1	4	...	4	...	...	...	9	
1907	M	...	2	...	2	1	...	...	5	7 ·25
	F	1	...	1	...	..	...	...	2	
1908	M	3	2	...	1	...	2	...	8	10 ·35
	F	1	...	1	...	...	...	...	2	
1909	M	...	1	3	1	...	...	1	6	8 ·28
	F	...	1	...	1	...	...	...	2	
1910	M	...	1	...	...	1	...	...	2	4 ·14
	F	...	1	...	1	...	...	...	2	
1911	M	1	...	1	1	2	1	...	6	12 ·38
	F	...	2	1	1	...	2	...	6	
1912	M	1	1	1	1	1	...	...	5	14 ·47
	F	2	3	1	1	2	...	...	9	
1913	M	1	1	2	...	1	...	...	5	8 ·27
	F	1	...	1	...	...	...	1	3	
Total Deaths.		22	28	21	16	11	7	2	107	
Rate per 1,000 Deaths from other tubercular diseases.		206	262	197	150	104	70	20		

Cancer caused 43 deaths, 3 more than the preceding year and 4 more than tuberculosis in all its forms. On four occasions during the past 10 years the cancer death rate has equalled or exceeded the death rate from tuberculosis. It must not be assumed for that reason that cancer is increasing. As a matter of fact the tuberculosis death rate is steadily declining, whereas the increase in the cancer death rate is apparent rather than real, being due, as is recognised in all countries, to more exact diagnosis by medical men consequent upon modern discoveries and advances in medical science and knowledge. Moreover, analysis of the facts shews that the apparent increase in cancer is in respect of cancers in those parts of the body which have only in recent years come within the scope of medical examination and surgical interference.

The Tables C and D overleaf, shew the facts respecting the incidence of cancer in the borough during the past 10 years. As some people seem to think that cancer is more prevalent in the borough than in other towns I have prepared the following table from data contained in the most recent Report of the Registrar General, which shews clearly that so far from cancer being very prevalent in the town, the borough compares favourably in this respect with its neighbours and other towns in Kent.

TABLE :—*Shewing the death rate per million from Cancer in the Urban Districts of Kent, 1911.*

		Population.	Deaths from Cancer.	Death rate from Cancer.
Ashford	...	13,691	21	1534
Beckenham	...	31,834	44	1583
Bexley	...	15,959	15	939
Broadstairs	...	8,994	13	1435
Bromley	...	33,811	44	1302
Chatham	...	42,387	36	849
Cheriton	...	7,590	3	396
Chislehurst	...	8,699	6	689
Dartford	...	23,740	19	800
Deal	...	11,314	13	1149
Dover	...	43,671	49	1123
Erith	...	27,815	20	719
Faversham	...	10,601	10	944
Folkestone	...	33,577	38	1132
Foots Cray	...	8,534	13	1523
Gillingham	...	50,502	46	919
Gravesend	...	28,139	40	1421
Herne Bay	...	7,808	8	1025
Hythe	...	6,409	3	469
Lydd	...	2,879	5	1737
Maidstone	...	35,527	55	1549
Margate...	...	27,190	34	1250
Milton	...	7,485	4	535
New Romney	...	1,333	—	—
Northfleet	...	14,218	10	704
Penge	...	22,326	22	986
Queenborough	...	2,492	2	803
RAMSGATE	...	29,652	48	1242
Rochester	...	31,405	32	1019
Sandgate	...	2,376	—	—
Sandwich	...	3,037	2	659
Sevenoaks	...	9,210	8	869
Sheerness	...	17,467	20	1145
Sittingbourne	...	8,365	16	1913
Southborough	...	9,002	9	1286
Tenterden	...	3,383	1	296
Tonbridge	...	14,850	16	1078
Tunbridge Wells...	...	35,758	50	1396
Walmer	...	5,340	3	562
Whitstable	...	8,006	8	1000
Wrotham	...	4,185	—	—

TABLE C :—*Shewing the age and sex distribution of deaths from Malignant Disease (Cancer) during the last 10 years.*

Year.		Age.							Total Deaths.	Death rate per 1,000
		Under 35	35—45	45—55	55—65	65—75	75—85	85—over.		
1904	M	...	1	1	2	4	...	1	9	35 1·24
	F	...	5	4	6	5	3	3	26	
1905	M	...	1	2	2	2	...	...	7	22 ·78
	F	1	3	2	4	5	...	...	15	
1906	M	...	2	3	5	5	1	...	16	29 1·02
	F	...	...	3	3	5	1	1	13	
1907	M	...	1	4	3	3	1	...	12	38 1·32
	F	2	4	4	8	7	1	...	26	
1908	M	1	1	2	3	6	2	...	15	37 1·28
	F	...	3	4	6	8	1	...	22	
1909	M	1	1	2	6	3	4	...	17	36 1·23
	F	2	2	4	5	5	1	...	19	
1910	M	...	...	...	4	3	...	...	7	27 ·91
	F	1	2	5	3	7	1	1	20	
1911	M	...	...	2	5	2	4	...	13	44 1·43
	F	1	2	2	12	8	6	...	31	
1912	M	...	...	2	7	8	2	1	20	40 1·34
	F	...	2	5	3	6	3	1	20	
1913	M	...	1	6	2	9	2	...	20	43 1·44
	F	...	6	6	2	4	4	1	23	
Total Deaths		9	37	63	91	105	37	9	351	
Rate per 1,000 Deaths from Cancer		26	106	180	260	300	106	26		

TABLE D :—*Shewing number of deaths from Malignant Disease (Cancer) year by year in Ramsgate, the sites of the disease, and the death rate per 1,000 of the population.*

Year.	Site.							Total Deaths.	Death Rate per 1,000
	Buccal Cavity.	Stomach, Liver, &c.	Peritoneum Intestines and Rectum.	Female Genital Organs.	Breast	Skin.	Others		
1904	M	2	2	...	...	...	5	9	1·24
	F	...	7	...	8	...	3	35	
1905	M	...	2	3	...	...	2	7	·78
	F	1	2	1	5	4	2	22	
1906	M	2	7	3	...	...	4	16	1·02
	F	...	5	...	4	1	3	29	
1907	M	...	3	4	...	1	4	12	1·32
	F	...	5	3	6	...	4	38	
1908	M	2	4	3	...	1	5	15	1·28
	F	...	6	5	3	7	1	37	
1909	M	5	7	2	...	...	3	17	1·23
	F	...	3	7	2	4	3	36	
1910	M	...	5	2	...	...	...	7	·91
	F	1	2	4	6	5	2	27	
1911	M	2	4	2	...	1	4	13	1·43
	F	...	8	7	3	...	8	44	
1912	M	1	7	4	...	...	8	20	1·34
	F	...	7	6	1	4	2	40	
1913	M	2	8	5	...	1	5	21	1·44
	F	1	3	2	9	3	4	43	
Total Deaths	19	97	63	47	49	5	71	351	
Rate per 1,000 Deaths from Cancer	54	277	180	134	140	14	203		

TABLE I.

Vital Statistics of Whole District during 1913 and previous Years.

BOROUGH OF RAMSGATE.

Year.	Population estimated to middle of each year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1908	29,031	603	603	20·8	358	12·4			54	90	376	13·0
1909	29,221	585	585	20·0	435	14·9			61	105	426	14·6
1910	29,413	634	634	21·6	389	13·3			54	86	358	12·2
1911	29,653	547	554	18·7	408	13·8	67	73	57	103	414	14·0
1612	29,848	641	647	21·7	427	14·4	66	73	71	110	434	14·6
1913	30,043	550	556	18·6	399	13·3	60	77	51	92	416	13·9

Area of District in acres
(land and inland water)

}

2278

Total population at all ages, 29,603
Number of inhabited houses, 5,825
Average number of persons per house 5·0

}

At
Census
of 1911

TABLE II.

Cases of Infectious Disease notified during the year 1913.

BOROUGH OF RAMSGATE.

Notifiable Disease.	Number of Cases Notified.								Total Cases removed to Hospital.
	At Ages—Years.								
	At all Ages.	Under 1.	1 and under 5 years.	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and up- wards.	
Small-pox ... ..	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)...	29	...	8	19	2	...	...	...	24
Erysipelas	7	...	...	...	...	1	5	1	...
Scarlet Fever	53	...	10	36	5	2	...	...	36
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...
Enteric Fever	10	...	4	4	1	1	...	...	9
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...
Continued Fever ... ..	...	...	...	...	...	...	...	...	...
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	51	...	...	6	11	20	13	1	...
Other forms of Tubercu- losis	40	1	1	25	5	7	1	...	...
Totals	190	1	23	90	24	31	19	2	69

Isolation Hospital ... Isle of Thanet Joint Hospital at Haine,

TABLE III.

Causes of, and Ages at Death during the Year 1913.

BOROUGH OF RAMSGATE.

Causes of Death.	Nett Deaths at the subjoined Ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Resi- dents" or "Non-Residents" in Institutions in the District.
	All Ages.	Under 1 Year.	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
All Causes { Certified	406	50	8	5	14	13	51	75	190	67
Uncertified	11	1	1	..	..	..	3	1	4	..
Enteric Fever ... ..	..	..	..	..	..	..	..	..	..	..
Small Pox ... ..	..	..	..	..	..	..	..	..	..	..
Measles	1	..	1	..	..	..	..	..	..	..
Scarlet Fever	1	..	..	..	..	1	..	..	..	..
Whooping Cough... ..	1	..	..	1	..	..	..	..	..	..
Diphtheria and Croup	3	..	..	1	2	..	..	..	..	..
Influenza	7	..	..	..	..	1	..	2	4	..
Erysipelas ... ..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	31	..	..	..	1	3	17	9	1	37
Tuberculous Meningitis	3	1	..	1	1	..	..	..	..	..
Other Tuberculous Diseases	5	1	..	..	2	..	1	..	1	1
Cancer, Malignant disease	43	..	..	..	..	..	7	15	21	4
Rheumatic Fever ... ..	..	..	..	..	..	..	..	..	..	..
Meningitis	2	..	..	..	1	1	..	..	..	1
Organic Heart Disease	33	..	..	..	..	..	4	6	23	1
Bronchitis	38	4	2	..	1	..	1	7	23	1
Pneumonia (all forms)	21	3	3	1	2	1	5	1	5	3
Other diseases of Respiratory Organs	6	..	..	..	..	..	..	2	4	1
Diarrhœa and Enteritis	16	14	2	..	..	..	..	..	..	..
Appendicitis and Typhlitis	1	..	..	..	..	..	1	..	..	1
Cirrhosis of Liver	4	..	..	..	..	..	..	3	1	..
Alcoholism ... ..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease... ..	9	..	..	..	1	1	1	3	3	2
Puerperal Fever ... ..	..	..	..	..	..	..	..	..	..	..
Other accidents and diseases of Pregnancy and Parturition... ..	1	..	..	..	..	..	1	..	..	..
Congenital Debility and Malformation, including Premature Birth	14	14	..	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide	11	2	..	1	1	..	4	1	2	4
Suicide	2	..	..	..	..	..	..	1	1	..
Other Defined Diseases	160	12	1	..	2	5	11	26	103	11
Diseases ill-defined or unknown	3	..	..	..	..	..	1	..	2	..
	416	51	9	5	14	13	54	76	194	67

SCHOOL REPORT.

- (a) *General review of the hygienic conditions prevalent in the schools in the area of the Local Education Authority, in respect of such matters as surroundings, ventilation, lighting, warming, equipment and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of school rooms and cloak rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children.*

There is one provided school in the town. It is up-to-date and modern.

The other eight schools are non-provided, and some of them are somewhat old fashioned in design.

The new school at Ellington is nearly ready for occupation, and will be opened shortly. As soon as it is in use extensive alterations and improvements will be effected in St. George's School.

The sanitation of all the schools is in a satisfactory condition.

The girls' school at St. Lawrence was enlarged and its lighting and ventilation were improved during the summer holidays. It is now in a sound state of repair. The playgrounds at this school have been asphalted throughout.

Cross ventilation has been provided in one classroom at Christ Church Infants' School and a glass partition has been fitted in the main room. Much needed additional playground space is being provided at this school.

The ventilation of the main classroom at St. Augustine's School has been improved.

Slow but steady progress has been made in the provision of modern desks, a matter that more nearly affects the physical comfort of the children in the schools of the borough than any other single item, in my opinion.

- (b) *General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted.*

As the School Medical Officer is also the Medical Officer of Health the work of the two departments is co-related to the fullest extent. In practice the energies of the one diffuse into and overlap the other in the same way as do the different branches of public health work proper.

This is particularly true in regard to infectious diseases, both notifiable and non-notifiable, as information in respect of the former is utilised in school work, and the teachers' notifications of the latter are used from the public health point of view. Similarly, observations made by the Health Visitor on her visits to the homes of infants often apply to children of the same family in the school and *vice versa*. It is difficult to see how with the best will in the world the work of two separate departments with separate heads could be so closely related as is the case when the offices of Medical Officer of Health and School Medical Officer are combined in the same person.

The staff consists of :—

- (1) Myself, as your School Medical Officer,
- (2) Dr. Halstead, who undertakes the further examination of children found to be suffering from defective vision, and
- (3) Mrs. Price, the School Nurse.

Your School Medical Officer carries out the inspections himself. These inspections are invariably held in the afternoons. Prior to the inspection the School Nurse weighs and measures the children, and records their condition as to cleanliness, clothing, and footgear. These observations are subsequently checked by the School Medical Officer. After the inspection the record cards are taken to the office, where the clerk makes a summary of them for office use. Notices directing the attention of parents to the defects for which their children require treatment are prepared by the School Medical Officer and the Nurse, and cards for each child referred to the Care Committee are completed.

- (1) *A statement of the extent (if any) to which the Board's schedule of Medical Inspection has not been followed, and the reasons for such departure.*

With the exception of a few minor alterations, the inspection card in use is in conformity with the Board's schedule.

- (2) *A statement shewing the assistance given to the School Medical Officer and his assistants by Nurses, Managers of Schools, Teachers, Attendance Officers and other persons.*

I have again to record that the School Nurse's services are invaluable. Mrs. Price has been in the service of the Committee since the commencement of medical inspection, and, therefore, in addition to her high professional qualities, her knowledge of the town, of the children, and of the details of the Committee's scheme of medical inspection, enhances the value of her services.

She makes the necessary preparations for the inspection, including the filling up of cards, the undressing of children, etc. She makes and keeps the majority of the records. She also assists to a considerable

extent in the work of "following up," though this year the bulk of the work of "following up" children found defective at routine inspections has been performed by the members of the Care Committee. This work consumed a great deal of time in getting about the town, and had not the Care Committee undertaken it so efficiently it is difficult to see how time could have been found for the working of the Clinic, in which the Nurse is fully occupied for at least three hours on five forenoons weekly.

The Nurse also visits the homes of such children as are referred for examination by the Committee's ophthalmologist, Dr. Halstead, and assists him during his examination of the children. She carries out routine inspections of the heads of all the children in the Schools three times per annum, and visits when necessary the homes of children suffering from non-notifiable infectious diseases.

A new development in her work this year has been the visitation of the homes of children who are absent from school on account of illness. Little time has been available for this purpose, but so far as experience goes at present, this departure has been followed by very satisfactory results, notably in the detection of missed cases of infectious disease. Further details as to her work are given on page 99.

Your School Medical Officer works in the closest association with the School Attendance Officer. This relationship is essential, and becomes more marked as the work develops. Copies of all your School Medical Officer's certificates, whether of exclusion or of readmission to school, are sent to the School Attendance Officer daily, and he transfers these to the teachers concerned. The teachers keep lists of these children, and no child is admitted to school after exclusion by the School Medical Officer until it has been certified by him as fit for attendance. These administrative measures work extremely well, and it is rare now to hear of children being in school when certified not fit for attendance. This work has called for vigilance on the part of the teachers, and they are to be congratulated on their work in this respect.

A new departure this year is consequent upon the suggestion made by the Medical Officers to the Board of Education on the occasion of their visit to the town. Teachers were provided with forms on which they were asked to notify the School Attendance Officer of all children who had been absent from school on three consecutive sessions, the presumption being that all such children were absent as a result of illness.

The School Attendance Officer then makes enquiries about these children, and transmits the forms to the School Medical Officer with marginal notes as to the cause of absence. In many cases he advises the child to come to the Clinic, should that course be indicated, and in other cases where necessary the School Nurse visits the home to advise the parents to get medical care for their child or such further action as may be necessary.

Teachers have a large part to play in rendering school medical inspection effective. It lies with them to notify actual or suspected cases of infectious diseases, to ensure the non-attendance of children who have been excluded until such time as they are certified fit to return to school, and to send to the Clinic for inspection such children as appear to them to be unfit for attendance or for other reasons requiring medical examination. All these functions have been performed extremely well, and now that the scheme has been in operation for nearly two years, the benefits to be derived from it are becoming patent. I have no hesitation in saying that as a result of the work of the teachers the number of cases of impetigo, ringworm, sores and verminous conditions occurring in school children has greatly diminished and will tend to continue to do so. Moreover, as these cases are sent to the Clinic at a much earlier stage of their disease than in the past the period of treatment and therefore of exclusion from school is much less.

- (3) *A statement shewing the methods adopted for securing the presence of parents at the inspection and their co-operation in the subsequent treatment of defects, together with a review of the effects of such methods.*

Prior to the inspection, notices are sent to the parents of the children to be inspected inviting their attendance.

This year 258 parents attended the inspections, as compared with 209 last year. In some schools the number of parents present at the inspection amounted to 50 per cent. of the children inspected. On the other hand, in some schools it is rare for a single parent to be present. The improvement, though slight, is an earnest of better things in the future. Only six parents objected to their children being inspected.

It is noteworthy that parents attend at the Clinic in large numbers with their children, a practice which has manifest advantages, in that it allows of the School Medical Officer becoming acquainted with the parents and of giving to them directly the necessary instructions regarding the treatment of their children's ailments.

After the inspection a form is made out by the School Medical Officer for the parents of each defective child calling their attention to the defect for which their child requires treatment. These forms are handed to the children by the teachers, who instruct them to deliver them to their parents. Some weeks later the members of the Care Committee visit the homes of these children to ascertain what action has been taken, to explain to the parents the need of obtaining treatment and to shew them how it may best be obtained. Individual cases have been visited as many as twenty times by members of the Care Committee, and were it not for the work of these ladies the practical results of medical inspection in Ramsgate would be very much less than

they are. All the children found defective and requiring treatment at the inspections in 1912 and still in school were re-inspected during the year to determine whether or no they had been treated, and if so, the success of the same. Further notices are sent to the parents of children still found defective on re-inspection. The results of these re-inspections are tabulated on page 81.

These results, in view of those recorded in my last annual report, are distinctly encouraging. No doubt in future years the relative proportion of children receiving treatment to those requiring it will still further increase.

The results of the ameliorative measures taken in respect of the children inspected this year are tabulated and discussed on page 97.

Special reference is necessary in respect of defective vision. The Committee arranged for Dr. Halstead to undertake the further examination of these cases from the autumn of 1912. Since then, with few exceptions, all the children suffering from this defect have been examined and if necessary prescribed for by him—a clear proof if such were required of the need for this development of the Committee's work. Further details regarding this scheme are given on p. 89, but it may be said, in passing, that spectacles to the value of £20 19s. 0d. were supplied to the children during the year ending July 31, 1913, and parents have contributed £14 2s. 5d. of this amount. In many instances it was known that parents were not in a position to provide spectacles for their children, and spectacles to the value of £4 13s. 0d. were supplied at the expense of the Education and Care Committees. The addition of these amounts subtracted from the total cost of the spectacles, £2 3s. 7d., therefore, is the extent to which parents who promised to pay for their children's spectacles failed to do so. Some of the money outstanding is still coming in.

(4) *The extent to which disturbance of school arrangements was involved by the inspection.*

The inspections always take place in school premises during school hours. In Lillian Road Council School the children from each of the three departments were inspected in one of the rooms in the infant department, which was not then in occupation. As regards the other schools the children go from one room either into the playground or into another classroom. It is unfortunate that this measure has to be adopted, as too often it results in overcrowding, with its undesirable consequences. No great harm can result from this temporary overcrowding. Nevertheless it is to be deprecated as an infraction of the principles which it is the aim of school hygienists to inculcate.

The arrangements made at the schools for the inspection leave nothing to be desired, though certain unavoidable conditions are a drawback to the ease and thoroughness of the inspection. Thus the noise inseparable from teaching is often distracting during stethoscopic work, and in some of the schools lack of light renders accurate eye testing difficult.

(c) *General statement of the extent and scope of the Medical Inspections carried out during the year.*

(i) *The number of visits paid to schools and departments.*

The schools were visited at least twice during the course of the year for the purpose of routine inspections, and on other occasions for special purposes, such as the searching out of cases of infectious disease, the inspection of school buildings, re-inspection of children found defective during the preceding year and inspection of special cases, which has been a feature of the work of this department during the year. In all 90 visits were paid to the schools during the year by your School Medical Officer, and 386 by the School Nurse.

(ii) *The principle on which children have been selected for inspection.*

The children inspected during the year may be classified in three groups :—

(A) *Entrants and Leavers.* These are children whose inspection is a Code requirement of the Board of Education. All children attaining the age of five in 1913 were inspected as “entrants.” In addition, all children attaining the age of six in 1913 who had not been inspected in the previous year, either because they were absent or not then on the school roll, were likewise submitted to inspection as “entrants.” Younger children on the school roll were superficially inspected, and will be re-inspected as they attain the age of five in the year of inspection. All children attaining the age of 13 in 1913 were inspected as “leavers.” “Leavers” were inspected in the first portion of the year and “entrants” in the autumn. This system is of advantage as it allows of “entrants” being inspected as soon after the commencement of their school life as possible, the custom in Ramsgate being for children to be entered on the rolls from Whitsun onwards. Those not enrolled immediately after the summer holidays do not, as a rule, commence school attendance until the following spring.

(B) *Specials and Re-inspections.* Early in the year the schools were visited for the purpose of inspecting all the children for whom treatment was recommended on the occasion of the routine and special inspections in 1912. Your Medical Officer also superficially inspected the children in each class. Such children as appeared to present defects, or were suspected by the teachers to be so suffering, were then submitted to more careful examination. Special attention was devoted to children selected during a similar inspection last year as requiring either medical treatment or further observation. Your Medical Officer, therefore, visits the schools for three purposes—to conduct routine inspections of children of the ages laid down in the Code, to re-inspect those found defective at the routine and special inspections in the preceding year, and to select special cases for examination. The object of these inspections is to register, and as far as possible to keep under observation, the weakly and defective children in the schools whether of the ages defined in the Code as requiring inspection or not, and to advise the parents as to the action necessary in respect of them. Now that the Clinic is available for the further examination and treatment of these children the value of this work is becoming apparent. Thus, those children known to be suffering from disease of the lungs have been summoned to the Clinic for examination at intervals of two or three months. Parents of such children invariably accompany them to the Clinic and have frequently shewn their appreciation of the facilities afforded them in this way by the Committee. In all 319 children were referred for further and more extended examination at the Clinic. In view of the Board's requirement that in future children of three age groups must be inspected each year, it is to be feared that time will not permit of the continuation of this system of searching out the defective children of all ages in the schools in the same way as it has been carried out in the past two years.

(C) *Absentees.* All absentee children in respect of whom the School Attendance Officer requires a medical certificate are sent by him to the Clinic for examination. The Clinic is open for this purpose daily, except Saturdays, throughout the school terms. The majority of these children are found to be suffering from one or other of the minor ailments, though it is noticeable that children suffering from acute ailments are being brought in increasing numbers to the Clinic. It is exceptional for a child to be brought to the Clinic as an absentee whose absence is not justifiable on medical grounds. The new system, already referred to, whereby the School Attendance Officer is notified of children absent from school on three consecutive sessions has undoubtedly led to an increased number of ailing children being brought to the Clinic, and for others whose absence was unjustifiable on medical grounds returning to school earlier than would have been the case before the inauguration of this measure.

(iii) *The number of children inspected.*

OFFICIAL TABLE—NO. 1. *Number of children inspected 1st January to 31st December, 1913.*

A "CODE" GROUPS.

Age.	Entrants.			Leavers.	Grand Total.
	5	6	Total.	13	
Boys ...	143	86	229	194	423
Girls ...	143	85	228	185	413
Totals ...	286	171	457	379	836

B GROUPS OTHER THAN "CODE."

	Special Cases.	Re-examinations (i.e., No. of Children re-examined).
Boys ...	43	257
Girls ...	57	236
Totals ...	100	493

NOTE.—In addition 47 children who were technically "entrants" but did not attain the age of five in 1913, were superficially inspected and will be inspected in routine fashion in 1914. Any who were defective are included in the column "special cases."

(iv.) *The number of children referred for subsequent or further examination.*

See above.

(v.) *The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects.*

Total number of children examined ...	936
Total number of defects requiring treatment	396
Analysis of the defects requiring treatment :—	
Teeth	200
Vision	78
Nose and Throat	48
Ear	11
Others	59
	<hr/>
	396
	<hr/>

(vi) *The average time per head occupied by inspection.*

The Nurse's instructions were to prepare not more than 25 children for inspection per session. This number was occasionally slightly exceeded. Experience has shewn that about 10 children per hour can be inspected, and sometimes, if there are a few defective children in the series to be examined, much more time is required for this number of children. More time is also required when the parents attend the inspection in any number.

(d) *General review of the facts disclosed by Medical Inspection.*

The tables used in my previous reports are discarded this year in favour of the tables published by the Medical Officer to the Board of Education in his Annual Report for 1912. The tables have been slightly modified for the sake of convenience as our local records, which were practically complete for the year when the above mentioned Report reached me in December, did not lend themselves in their entirety to the altered conditions.

ROUTINE INSPECTIONS.

ZYMOTIC HISTORY OF THE CHILDREN EXAMINED.

TABLE :—*Shewing the percentage number of children examined who have suffered from the undermentioned diseases.*

Disease.	Age 5.		Age 6.		Age 13.	
	Numbers Examined.		Numbers Examined.		Numbers Examined.	
	Boys. 143	Girls. 143	Boys. 86	Girls. 85	Boys. 194	Girls. 185
	%	%	%	%	%	%
Measles ...	61	69	63	60	87	94
Whooping Cough	39	50	43	45	52	53
Chicken-pox ...	35	25	42	26	4	44
Diphtheria ...	...	2	5	...	7	6
Scarlet Fever ...	...	6	8	1	9	14
Enteric Fever ...	...	...	...	...	2	2
Mumps ...	4	2	4	3	6	8

The facts revealed by this table vary a little from those recorded in previous years. The record of a child's ailments are of the greatest value in controlling school outbreaks of epidemic diseases, but their continued tabulation is of little practical value and will not be continued.

HEIGHT AND WEIGHT.

TABLE :—*Shewing the height in inches of boys and girls at different age periods.*

Boys.			Girls.		
Age.	Number Examined.	Average Height.	Age.	Number Examined.	Average Height.
5	148	40·99	5	143	40·80
6	86	41·97	6	85	32·36
13	194	55·26	13	185	57·35

TABLE :—*Shewing the weight in pounds of boys and girls at different age periods.*

Boys.			Girls.		
Age.	Number Examined.	Average Weight.	Age.	Number Examined.	Average Weight.
5	143	40·23	5	143	39·13
6	6	41·50	6	85	41·60
13	194	69·44	13	185	68·80

OFFICIAL TABLE NO. ii.—Return shewing the Physical Condition of children inspected.

		ENTRANTS.				LEAVERS.				TOTAL.				SPECIAL CASES.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
Total Inspected		229	228	457		194	185	379		423	413	836		43	57	100
Clothing	Satisfactory ...	224	225	449	98·3	194	185	379	100	418	410	828	99·1	...	...	...
	Unsatisfactory	5	3	8	1·8	...	...	...	...	5	3	8	·9	...	...	...
Footgear	Satisfactory ...	220	223	443	97	169	175	344	90·8	389	398	787	94·2	...	...	...
	Unsatisfactory	9	5	14	3·1	25	10	35	9·3	34	15	49	5·9	...	...	...
Cleanliness of Head	Clean (i.e., no Nits or Pediculi)...	219	179	398	87·1	193	154	347	91·6	412	333	745	89·2	42	55	97
	Nits only ...	8	47	55	12	...	31	31	8·2	8	78	86	10·3	1	...	1
	Pediculi ...	2	2	4	·9	1	...	1	·3	3	2	5	·6	...	2	2
Cleanliness of Body	Clean ...	194	190	384	84	191	179	370	97·7	385	369	754	90·2	42	57	99
	Dirty ...	35	37	72	15·8	3	6	9	2·4	38	43	81	9·7	1	...	1
	Pediculi present ...	...	1	1	·3	...	...	...	...	...	1	1	·12	...	...	...
Nutrition	Normal ...	223	223	446	97·6	189	181	370	97·7	412	404	816	97·6	41	55	96
	Below normal	6	5	11	2·4	5	4	9	2·4	11	9	20	2·4	2	2	4
Nose and Throat	No defect ...	209	209	418	91·5	176	166	342	90·3	385	375	760	90·9	40	41	81
	Mouth															
	Breathers...	2	2	4	·9	...	...	...	...	2	2	4	·5	1	2	3
	Tonsils slightly enlarged	8	10	18	4·0	4	5	9	2·4	12	15	27	3·3	...	3	3
	Tonsils much enlarged ...	5	5	10	2·2	10	13	23	6·1	15	18	33	4·0	1	5	6
	Adenoids, slight ...	2	0	2	·5	...	...	...	...	2	...	2	·3	1	1	2
	Adenoids, marked ...	3	2	5	1·1	4	1	5	1·4	7	3	10	1·2	...	5	5
External Eye Disease	No Disease ...	223	227	450	98·5	194	183	377	99·5	417	410	827	99	41	53	94
	Blepharitis ...	4	1	5	1·1	...	...	...	...	4	1	5	·6	...	...	...
	Conjunctivitis	...	...	...	...	...	2	2	·6	...	2	2	·3	2	2	4
	Corneal opacities ...	1	...	1	·3	...	...	...	...	1	...	1	·2	...	...	...
	Other Disease	1	...	1	·3	...	...	...	...	1	...	1	·2	...	2	2
Ear Disease	No Disease ...	229	226	455	99·7	193	184	377	99·5	422	410	832	99·6	42	53	95
	Otorrhoea ...	...	2	2	·5	1	1	2	·6	1	3	4	·5	1	4	5
	Other Disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth	Decayed ...	49	48	97	21·3	49	35	84	22·2	98	83	181	21·7	...	3	3
	Many Decayed	46	53	99	21·7	61	29	90	23·8	107	82	189	22·6	4	1	5
	Sepsis ...	25	29	54	11·8	3	1	4	1·1	28	30	58	7·0	3	3	6
Heart and Circulation	No Disease ...	221	221	442	96·8	189	180	369	97·4	410	401	811	97·0	39	57	96
	Organic Disease...	1	...	1	·3	...	...	...	...	1	...	1	·2	...	...	...
	Functional Disease...	1	...	1	·3	2	...	2	·6	3	...	3	·4	...	...	...
	Anaemia ...	6	7	13	2·9	3	5	8	2·2	9	12	21	2·5	2	...	2
	Other Defect	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Lungs	No Disease ...	210	216	426	93·3	190	185	375	99·0	400	401	801	95·9	43	56	99
	Chronic Bronchitis & Bronchial Catarrh	7	6	13	2·9	1	...	1	·3	8	6	14	1·7	...	...	...
	Tuberculosis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculosis suspected ...	1	...	1	·3	1	...	1	·3	2	...	2	·3	...	1	1
	Other Disease	11	6	17	3·8	2	...	2	·6	13	6	19	2·3	...	...	...

OFFICIAL TABLE NO. ii.—Continued.

		ENTRANTS.				LEAVERS.				TOTAL.				SPECIAL CASES.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total	Per cent.	Boys.	Girls.	Total.
Nervous System	No Disease ...	228	228	456	98·8	194	184	378	99·9	422	412	834	99·8	43	57	100
	Epilepsy (major or minor) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chorea ...	...	...	...	...	...	1	1	·3	...	1	1	·2	...	...	...
	Other Disease	1	...	1	·3	...	...	...	...	1	...	1	·2	...	...	...
Skin	No Disease ...	223	222	445	97·4	193	183	376	99·2	416	405	821	98·2	36	53	89
	Ringworm :															
	Body ...	2	...	2	·5	...	...	...	...	2	...	2	·3	...	...	...
	Head ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	Impetigo ...	1	2	3	·7	...	...	...	...	1	2	3	·4	1	...	1
	Scabies ...	1	...	1	·3	...	...	...	...	1	...	1	·2	...	...	...
Rickets	Other Disease	2	4	6	1·3	1	2	3	·8	3	6	9	1·0	5	4	9
	No Disease ...	229	228	457	100	194	185	379	100	423	413	836	100	43	57	100
	Slight ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deformities	Marked ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	No Deformity	221	224	445	97·4	181	173	354	93·4	402	397	799	95·6	42	55	97
Tuberculosis, Non-Pulmonary	Deformity present ...	8	4	12	2·7	13	12	25	6·6	21	16	37	4·4	1	2	3
	No Disease ...	227	227	454	99·4	193	185	378	99·9	420	412	832	99·6	43	55	98
	Glandular ...	2	1	3	·7	...	...	...	...	2	1	3	·4	...	1	1
	Bones & Joints	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Speech	Other forms...	...	...	...	...	1	...	1	·3	1	...	1	·2	...	...	...
	Not Defective	228	227	455	99·7	194	185	379	100	422	412	834	99·8	43	54	97
	Defective Articulation	1	1	2	·5	...	...	...	...	1	1	2	·3	...	3	3
Mental Condition	Stammering...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Normal ...	227	227	454	99·4	190	178	368	97·3	417	405	822	98·4	42	54	96
	Dull or Backward ...	1	1	2	·5	3	7	10	2·7	4	8	12	1·4	...	2	2
	Mentally Defective (all grades) ...	1	...	1	·3	1	...	1	·3	2	2	2	·3	1	1	2
Vision	6/6 each eye															
	Normal Vision	...			...	...	...	...	...	...	...	...	...	...	...	...
	6/6 R. ...	...			...	...	...	...	...	...	...	...	...	...	...	...
	L. ...	...			...	...	...	...	...	...	...	...	...	...	...	...
	6/9 R. ...	...			...	14	20	34	9·6	...	...	...	9·6	...	1	1
	L. ...	...			...	14	19	33	9·3	...	...	...	9·3	...	1	1
	6/12 R. ...	...			...	8	1	9	2·6	...	...	...	2·6	1	1	2
	L. ...	...			...	7	5	12	3·4	...	...	...	3·4	1	1	2
	6/18 R. ...	...			...	4	11	15	4·2	...	...	...	4·2	1	1	2
	L. ...	...			...	6	9	15	4·2	...	...	...	4·2	1	2	3
	6/24 R. ...	...			...	3	4	7	2·0	...	...	...	2·0	2	2	4
	L. ...	...			...	3	4	7	2·0	...	...	...	2·0	2	...	2
	6/36 R. ...	...			...	...	...	...	...	...	...	...	...	...	1	1
	L. ...	...			...	...	...	...	...	...	...	...	...	...	1	1
	6/60 R. ...	...			...	1	...	1	·3	...	...	...	·3	...	...	...
	L. ...	...			...	1	1	2	·6	...	...	...	·6	...	...	...
Deafness	6/0 R. ...	...			...	...	...	...	...	...	...	...	...	...	...	...
	L. ...	...			...	...	...	...	...	...	...	...	...	...	...	...
	Extent of Defect of vision undetermined at Medical Inspection ...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	9
Squint	...	3	4	7	1·6	...	1	1	·3	3	5	8	1	4	1	5
	...	...	...	...	...	3	4	7	2·0	...	...	...	...	2	2	4

OFFICIAL TABLE NO. III.—Numerical return of all exceptional children in the area.

			Boys.	Girls.	Total.
Blind (including partially Blind)		Attending Public Elementary Schools	0	0	0
		Attending Certified Schools for the Blind	2	...	2
		Not at School ... ..	...	1	1
Deaf and Dumb (including partially Deaf)		Attending Public Elementary Schools	5	7	12
		Attending Certified Schools for the Deaf ... ..	...	1	1
		Not at School	0	0	0
Mentally Deficient	Feeble Minded	Attending Public Elementary Schools	9	5	14
		Attending Certified Schools for Mentally Defective Children ...	0	0	0
		Not at School	1	1	2
	Imbeciles	At School	0	0	0
		Not at School	0	0	0
	Idiots	... ..	0	0	0
Epileptics		Attending Public Elementary Schools	3	0	3
		Attending Certified Schools for Epileptics	0	0	0
		Not at School	0	1	1
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools	9	0	9
		Attending Certified Schools for Physically Defective Children ...	0	0	0
		Not at School	12	10	22
	Other Forms of Tuberculosis	Attending Public Elementary Schools	13	9	22
		Attending Certified Schools for Physically Defective Children ...	0	0	0
		Not at School	4	3	7
	Cripples other than Tubercular.	Attending Public Elementary Schools	3	1	4
		Attending Certified Schools for Physically Defective Children ...	0	0	0
		Not at School	6	5	11
Dull or Backward *		Retarded 2 years	11	6	17
		Retarded 3 years	8	10	18

* Judged according to age and standard.

NOTE.—Every effort has been made to make this table complete, but it is probable there are still more defective children in the borough of whom the School Medical Officer is unaware.

CLEANLINESS. Uncleanliness of the head was noted in 91 cases and of the body in 2 cases, figures almost identical with those of last year. They do not represent, however, the very great improvement in general cleanliness in the children attending the schools.

CLOTHING AND FOOTGEAR. No children were insufficiently clad. Indeed, as has been shewn in previous years many children are overclad and still more are neither wisely nor economically clad. As instruction in the clothing of infants and children is now included in the curricula of the schools some improvement may be anticipated in this matter in the future. Only in 8 cases was the clothing of the children not clean, a great improvement on 38, the figure for the preceding year.

49 children had unsatisfactory boots in comparison with 90 in 1912—a change probably due in some part to the fact that work was plentiful throughout the year.

NUTRITION. The figures for malnutrition, 3 per cent., are slightly less than those for last year and may be traced to the increased prosperity in the town already referred to.

TEETH. The official table has been slightly modified in respect to the facts relating to the teeth. No attempt has been made to enumerate the decayed teeth in each case as this cannot be accurately determined except with a mirror and probe in a good light, impossible conditions during routine medical inspection. At the same time children have been differentiated into two groups (a) children with obviously decayed teeth, (b) children with teeth so decayed as to be urgently in need of attention, either by reason of the teeth being unsaveable or because of the existence of sepsis, pain and inflammation in and around the gums. All such children are classed as having 'many decayed' teeth in the table and their need of treatment was invariably communicated to the parents. 23 per cent. of the children examined urgently required dental treatment.

Particular attention was devoted to the search for sepsis in relation to the teeth and gums in the Entrants. The figures, 12 per cent., of those examined shew very clearly how necessary some scheme of dental supervision and treatment is in the case of children of that age group. Some cases were very marked and there were obvious signs that the children's health was being undermined by prolonged pain and absorption of septic material.

NOSE AND THROAT. All cases classified "slightly enlarged" in the Official Table were such as were deemed not to require treatment. "Much enlarged" and "marked" cases were held to require treatment, and notices to that effect were sent to the parents. The figures shew some decline on those of last year. It is most noticeable that

enlarged tonsils do not occur with such frequency as five years ago. Other forms of obstruction appear to be more common, or possibly a more lengthy and concentrated experience in the examination of children has directed attention to them. Hypertrophic rhinitis and enlargement of the turbinate bodies appear to be relatively common, and are associated with a greater or less degree of adenoid enlargement at the back of the nose, dependent on whether the condition is temporary or more or less persistent and chronic. Considerable variations in the size of the tonsils are also to be noted, and such temporary hypertrophies have no doubt often misled the inspector. They would appear to depend on climatic conditions and exposure to marked variations in temperature, such as passing from over-heated rooms to colder out-door air. Thorough cleansing of the nose by douching, as practised at the Clinic, followed by the use of astringent lotions, appears to have been followed by satisfactory results in a number of cases.

EXTERNAL EYE DISEASE. The foundation of the Clinic has done away with the likelihood of finding such cases at routine inspections. They are sent to the Clinic by the teachers as soon as their condition is detected. Some of the cases included in the table were already under treatment at the Clinic when submitted to routine inspection at the schools.

DEAFNESS AND EAR DISEASE. Similar remarks apply to cases of otorrhoea, though not quite to the same extent. Children sent to the Clinic by teachers on account of ear discharge are usually found to be suffering from bone disease, causing most offensive foetor. Slight cases are still found at the routine inspections.

DEFECTIVE VISION. See Dr. Halstead's Report, page 89.

GENERAL DISEASES. The incidence of these is detailed in the Official Tables.

All cases included as "other" under the heading "Lung," were the subject of abnormal breath sounds—prolongation, harshness, or some other abnormality of note. When adventitious sounds were present they were classed in the group "Chronic bronchitis and bronchial catarrh." Such cases usually require to be kept under observation, and they have all been ear marked for this purpose. Though no cases of pulmonary tuberculosis were detected at the routine inspections a number of such cases have been under observation at the Clinic during the year, and one of them died.

It must not be inferred from perusal of the table that there are no cases of rickets in the borough. They are certainly few in number in comparison with many other towns, thanks to our somewhat hard water. Rickets is a disease of infancy, and its results are seen during school and adult life. Such deformities arising as the result of rickets are included among "deformities."

The majority of "deformities" are observable in the chest and spine. One case of cleft palate is included. Spinal curvatures, usually of slight degree arising from postural errors and muscular weakness, are chiefly seen in girls in the "leaver" group. Flat and otherwise deformed chests are noted in boys and girls equally, and are traceable to rickets and diseases of the lung in infancy and to obstruction to breathing in some form or other, for example, tonsils and adenoids. Deformities are sometimes so severe as to render the subjects of them unfit for school attendance. Further reference to this matter is made in considering the work of the Cripple Guild.

The figures shewing the number of cases of "skin diseases" must not be taken as an indication of the numbers of these cases in the schools. 405 cases of these diseases were under treatment at the Clinic during the year.

Attention is directed to Official Table No. iii, p. 77, which shews that there is a number of children in the town so defective from one cause or another as to be unfit for ordinary school attendance, who are not receiving any form of education or only such as charity affords. The needs of these children cannot be much longer ignored, and some means of providing for them must be found. At the moment the Authority has under consideration the cases of three such children, and it will be noticed that one deaf and dumb and two blind children are receiving institutional care wholly or partly at the cost of the Authority.

SPECIAL INSPECTIONS.

Children specially inspected include (a) children selected for the purpose by the School Medical Officer or teachers, (b) children under five or over six in 1913 requiring inspection as "entrants." The inspection of this group of children appears to your Medical Officer to be of the greatest value and importance, as in this way only can a register of the ailing and defective children in the schools in the borough be made and maintained. The facts as to the number of "special" cases inspected and the conditions from which they were found to be suffering are detailed in Official Table No. ii, p. 75. No comment on the conditions found is called for.

RE-INSPECTIONS.

Children found defective at previous routine and special inspections are re-examined to determine (a) whether treatment has been obtained, (b) whether such treatment has been effective, (c) whether further treatment is required, (d) the present condition of children ear marked for further observation. The tables below shew the results of these re-inspections. This work must be regarded as of the highest practical value, as it is a necessary complement to the routine inspections required by the Code. Indeed, without re-inspections routine inspections lose

half their value. By repeated re-inspection by the School Medical Officer "following up" by the Care Committee is rendered possible and its efficacy promoted. This work must of necessity be kept within restricted limits when the examination of children of a further age group comes into operation next year.

The following tables shew the number of children re-inspected for these various purposes during the year, and the results of the recommendations for treatment sent to the parents.

TABLE :—*Shewing the results of re-inspection in 1913 of children examined and found defective at SPECIAL Inspections in 1912 and 1911.*

Number of children defective ...	...	326
Number of defects ...	...	457
Number of children left the town	...	5
Number of children left school ...	...	2
Number of children absent ...	...	22
Number of children gone to other schools...		16
Number of children re-inspected...	...	281

NOTE :—The large numbers are accounted for by the fact that many Specials were re-inspected twice during the year.

	Teeth.	Vision.	Nose and Throat.	Anaemia.	Mal-Nutrition.	Skin.	Spine.	Ear.	Others.
Number of defects ...	30	89	60	16	18	19	4	14	52
Number of defects treated ...	7	77	12	4	3	19	1	5	20
Number of defects treated but requiring further treatment ...	3	5	4	...	...	...	1	...	1
Number of defects not treated ...	23	12	48	12	15	...	3	9	32

TABLE :—*Shewing the results of re-inspection in 1913 of children examined and found defective at ROUTINE inspections in 1912.*

Number of children defective ...	...	391
Number of defects ...	...	524
Number of children left the town	...	7
Number of children left school ...	...	73
Number of children absent ...	...	34
Number of children gone on to other schools		13
Number of children re-inspected	...	212
(boys 101, girls 111)		

	Teeth.	Vision.	Nose and Throat.	Anaemia.	Mal-Nutrition.	Skin.	Spine.	Ear.	Others.
Number of defects	149	30	43	3	12	6	7	11	18
Number of defects treated ...	58	25	16	2	5	6	7	4	8
Number of defects treated but requiring further treatment ...	25	...	3	2	...	...	1	1	...
Number of defects not treated ...	91	5	27	1	7	...	...	7	10

- (e) *General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.*

Ramsgate is an old town renowned for many years as a health and holiday resort. Its inhabitants are dependent to a very large extent on the visitors, who arrive in thousands during the season, seeking rest, health and amusement. Fortunately, in addition to this source of revenue, a large fishing industry is carried on, which gives employment to some 2,000 workers.

During the season there is some overcrowding in the lower parts of the town, and mothers and guardians are too much occupied to give much time to the care of their children. The results of this are patent, especially to the School Nurse, who finds it necessary to keep a close watch on the children as regards cleanliness during the summer months.

- (f) *Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm and other skin diseases, including an account of the action of the School Nurse in obtaining or assisting in the treatment of such defects.*

The Committee's scheme of treatment is now fairly complete.

The treatment of minor ailments, including skin diseases, external eye and ear conditions, of minor ailments generally and of ringworm by means of X-rays is carried out at the Clinic, where the Committee's Ophthalmologist, Dr. Halstead, also conducts the further examination of cases of defective vision and prescribes for them. In addition, very large numbers of children who are absent or excluded from school for various reasons come to the Clinic for treatment. The Care Committee, which consists of members of the Education Authority and a large band of voluntary workers, has completed its second year of useful service. Its activities include the "following up" of all children found defective at routine and special medical inspections at the schools; the provision of blankets—jointly with the Central Help, the chief charity in the town—in cases, mainly tuberculous, requiring open-air conditions

during the night ; the provision of hospital letters and the obtaining of suitable institutional treatment in special cases ; and this year nineteen debilitated children were sent to the country for a fortnight by means of a fund raised by these ladies. Two members of the Committee who hold St. John's Ambulance Certificates kindly devoted one forenoon each per week to assisting the School Nurse in the very laborious work at the Clinic.

The Education Authority have not yet undertaken the treatment of dental caries, of nose and throat conditions requiring operative treatment, or of such special conditions as obtain treatment at the Cripple Guild School. Nevertheless, owing to the activity of the Care Committee, treatment is being found to an increasing degree for children suffering from such ailments as the Education Committee do not themselves provides treatment for. Thus, cases of tonsils and adenoids obtain treatment sooner or later at the General Hospital, though it must be said that there is a considerable residuum of cases which fails to find treatment at all. This is, undoubtedly, due too often to the carelessness of parents. For instance, after possibly several visits by one of the Care Committee a parent decides to take his child to the Hospital. The Hospital Authorities take the name and address of the child and inform the parent that a post card will be sent stating the date and time when the child should attend for treatment. In too many cases parents fail to attend the Hospital at the time arranged. Such conduct is highly blameworthy, for it must be remembered that the staffs of hospitals give their services gratis and have numerous other calls on their time and charity.

Large numbers of children resort to the Ramsgate Dispensary for treatment for general ailments and teeth defects. Indeed, so great has the increase of work in the dental department become in consequence of school children seeking treatment there, that the Committee of the Institution have approached the Education Authority with a view of obtaining some monetary recognition of its services.

Cripple children of school age, but unfit for attendance at the elementary schools of the Authority, receive instruction at the Cripple School of the Guild of Brave Poor Things. No financial aid is given by the Authority to this Institution, which is not "recognised" by the Board of Education.

Reference was made last year to the very valuable voluntary work in the feeding of necessitous children carried on by Miss Whiting, one of the members of the Committee, at Thornton Road School. This work continues on the same lines, and is a great boon to the poor neighbourhood in which the school is situate.

The Clinic.

As this is the first year in which the Clinic and the Committee's other ameliorative measures have been in operation, I propose to report

fully on certain matters which will not require recapitulation in future years.

In view of the growing work of the Health and School Medical Services, the Corporation purchased No. 26, Albion Place, adjoining the Municipal Offices, to house these services. The house is commodious, and should provide ample accommodation for years to come. The two basement rooms were thrown into one, and the X-ray apparatus is located there. If at any time the use of the apparatus should be extended to include diagnostic work in connection with tuberculosis, ample room will be available for the purpose. The two rooms on the ground floor face the front and back of the house, and flank the entrance hall. The ceilings and walls of both rooms are painted with indestructible paint in pleasing colours. The rooms are separated by a folding partition and door. The front room is used as a consulting room, and contains sink and water, furniture and medical equipment. A gas circulator in the basement provides all the hot water that is required for the work of the Clinic. The room to the rear is supplied with chairs, and acts as a waiting room for the children and their parents. Entrance to the Clinic is gained from Cottage Road, at the rear of the premises. The upper rooms of the house are devoted to office purposes.

Since the summer holidays the Clinic has been open daily, except Saturdays, and the Nurse is fully occupied there for at least three hours per diem. Prior to the summer holidays the Clinic was held on two days per week.

The children coming to the Clinic are sent there by the School Medical Officer for further examination or for repeated observation, by the School Nurse, the School Attendance Officer, teachers, medical men and the parents of the children. Parents are taking advantage of the facilities of the Clinic in increasing numbers; indeed, some of them request the attendance of the School Medical Officer at their homes for children suffering from acute ailments, a request which, of course, cannot be complied with.

The following table shews by whom the children were referred to the Clinic during the year.

School Medical Officer	...	...	143
School Nurse	...	...	123
School Attendance Officer	...	...	190
Teachers	...	...	312
Medical men	...	...	90
Parents	...	...	319
Care Committee	...	...	15
Total ...			1192

Children whose condition renders them unfit for school attendance are excluded, and certificates of exclusion are sent daily to the School Attendance Officer, who transmits them to the teachers concerned. When they become fit to resume attendance appropriate certificates are sent through the same channel to the teachers. Many of the children attending the Clinic are quite fit for attendance at school. They are instructed to go to school to have their attendances recorded and then proceed to the Clinic for examination or treatment, as the case may be. Records of the conditions found are entered on cards, and an entry is made at each visit recording the progress made or any variation in the treatment. A very large number of children require merely domestic remedies. In other cases of general disease or illness parents are advised to take their children to the Dispensary, where drugs are supplied for six weeks for the sum of one shilling. Very few children, indeed, are taken to private practitioners. Indeed, it would appear that the parents of elementary school children rarely consult private practitioners in respect to their children except when they are acutely ill. Such children as are passed on to the Dispensary, or elect to go there, do not, as a rule, again attend the Clinic until the Medical Officer at the Dispensary deems them fit to attend school. The School Medical Officer gives the necessary certificate for re-admission.

As will be shewn later, the large majority of the children attending the Clinic do so on account of minor ailments—diseases of the skin, nose and throat, ear and eye. In all such cases the actual treatment is performed by the School Nurse, daily if necessary. In some cases a daily visit to the Clinic is unnecessary, as the parents are quite ready to buy ointments, etc., and apply them themselves, having seen the work done by the Nurse. The actual treatment of cases by the Nurse has only been in operation since the summer holidays, but in other respects the work done at the Clinic has been the same as described above for the past two years. 1,192 children attended the Clinic, as compared with 731 in the preceding year, and the consultations numbered 4,876, as compared with 2,024 in 1912. The average daily attendance throughout the year was 34. The increase in numbers is partly due to the necessity for daily dressings and partly to the increasing use of the Clinic by the teachers, School Attendance Officer and parents. Any considerable increase in the work is not to be anticipated. Indeed, it could not be met, as at present it would be difficult to carry on but for the facts that the Care Committee has almost entirely relieved the Nurse of the duty of “following up” cases found at routine inspections, and also that the teachers have taken an increasing and much appreciated share in the campaign against verminous conditions. The work has also made great inroads on the time of the School Medical Officer.

In the table below the defects from which the children coming to the Clinic suffer are classified in some detail. Some of them are of very considerable clinical interest.

With the exception of cases requiring operative treatment all cases tabulated under "Nose and Throat" are treated.

Eye cases are similarly dealt with, a few special cases being referred to Eye Hospitals in Maidstone and London. Assistance is given towards the railway fare in necessitous cases by the Care Committee.

All "skin" cases are treated at the Clinic.

The infectious diseases encountered at the Clinic may be classified in two groups: (a) children actually ill whose condition has not been suspected, (b) children returned from hospital and requiring a certificate of fitness to resume attendance.

Cases of pulmonary tuberculosis, actual or suspected, are referred to the Tuberculosis Dispensary, opened in the autumn by the County Council. Prior to that date these cases were examined at intervals by the School Medical Officer and the usual advice given. Some of the other tubercular cases were already under medical treatment when they attended at the Clinic. Others, however, elected to attend at the Clinic knowing well the treatment required, and desiring a doctor only for the purpose of ascertaining the progress of the child. In these cases, as indeed in all, parents have been encouraged to take their children to medical men. The facilities of the Clinic have thus been limited to necessitous cases.

The cases grouped as "General" are by no means the least interesting from a clinical point of view, and the Table clearly shews how diverse are the conditions for which a Clinic is of service. Where necessary these cases are referred to a medical man or the Dispensary. In others, threadworms for example, the services of the District Nurse are called in. In others again, such advice as may be given at the Clinic is all that is required. In any event the needs of these children are met in some way or another.

It may be fairly submitted, I think, that the Clinic is meeting a very real need—the number of cases and the fact that they are growing is proof of that. As a result of its work, ailing children are sought out and receive early treatment either at the Clinic or elsewhere. Absentees are enabled to return to school at a much earlier date than formerly, and, thanks to the teachers, cases of skin disease reach the Clinic before the disease is far advanced. Delicate children are kept under observation and away from school, if necessary; malingerers and truants are examined and reported on as fit for school, and absences from school for inadequate reasons or trivial causes are abolished. The children and the Authority both benefit by the work of the Clinic.

TABLE :—*Shewing particulars of the cases attending at the Clinic,
January 1st to December 31st, 1913.*

NOSE AND THROAT.

Tonsilitis	...	...	...	...	45
Otorrhoea	...	...	...	...	26
Tonsils and adenoids, hypertrophied turbinate, hypertrophic rhinites and deafness	...	...	...	...	30
Others	...	...	...	...	6
					— 107

EYES.

Vision	...	...	...	...	18
Corneal ulcers	...	...	...	...	3
Conjunctivitis	...	...	...	...	26
Blepharitis	...	...	...	...	12
Others	...	...	...	...	9
					— 68

SKIN.

Impetigo	...	...	...	...	88
Scabies	...	...	...	...	10
Ringworm of scalp	...	...	...	...	71
Ringworm of skin	...	...	...	...	30
Septic sores on face	...	...	...	...	46
Septic sores on head	...	...	...	...	44
Septic sores elsewhere	...	...	...	...	58
Verminous heads	...	...	...	...	33
Verminous clothes and bodies	...	...	...	...	11
Others	...	...	...	...	14
					— 405

INFECTIONS.

Measles	...	...	...	...	2
Whooping Cough	...	...	...	...	4
Scarlet fever	...	...	...	...	4
Chickenpox	...	...	...	...	6
Diphtheria	...	...	...	...	4
					— 20

TUBERCULOSIS.

Pulmonary	...	...	...	...	7
Suspected pulmonary	...	...	...	...	16
Bones	...	...	...	...	1
Joints	...	...	...	...	3
Glands	...	...	...	...	13
Others	...	...	...	...	7
					— 47

GENERAL.

Bronchitis	...	...	...	...	16
Other lung conditions	...	...	...	...	2
Heart Disease	...	...	...	...	2
Anæmia	...	...	...	...	10
Rheumatism	...	...	...	...	10
Menstrual Disturbances			...	...	4
Debility	...	...	...	...	29
Chorea	...	...	...	...	9
Threadworms		...	...	...	7
Functional conditions of stomach and intestines	...	...	...	...	42
Dental caries and conditions arising therefrom	...	...	...	...	22
Others	...	...	...	...	146
					— 299
					— 946
					—

NOTE.—Some children came under observation more than once and for more than one ailment in the course of the year. Such cases are not considered in the above analysis.

SUMMARY OF THE YEAR'S WORK.

Number of Consultation Days	...	...	142
Number of Cases seen	...	...	1192
Number of Attendances	...	...	4876
Number of Children Treated by Nurse (4 months)	...	...	324
Number of times treated by Nurse (4 months)	...	...	1844

X-ray Apparatus.

The X-ray apparatus, which was provided by the generosity of Miss Stancomb-Wills, one of the members of the Committee, was supplied by Messrs. A. E. Dean, of London. The apparatus ordered was so grouped and arranged as to be available at small additional cost for diagnostic work in relation to tuberculosis. There is a 16in. coil, and Dean's tachymeter is one of the features of the apparatus. A Kienbock attachment and Sabouraud's pastilles are used in every case. By these means control of the dosage is complete. By experience the probable number of interruptions required with any tube is known, and, indeed, may be estimated by using Benoist's scale, a voltmeter. The Kienbock attachment secures that the part radiated is at a constant distance from the

tube. By means of the tachymeter the current is automatically cut out when the prescribed number of interruptions have taken place, and by comparison of the pastilles with the standard the need for a further dose may be determined. The operator works in perfect safety, as the patient is enclosed in a lead lined cubicle fitted with lead glass windows through which the patient may be observed.

The apparatus as supplied by Messrs. Dean cost £170, and the structural alterations and other expenses attendant on its assembly cost another £15.

The apparatus was not in use until the late autumn, and only some half dozen cases were treated before the end of the year. The results are entirely satisfactory, and the children have returned to school. One of these had been absent from school nearly four years, and another over two years. In three or four of the cases drug treatment had been most assiduously practised for many months without satisfactory results. After five years' experience of school work, during which time I have seen a very large number of cases of ringworm, I have been forced to the conclusion that drug treatment, except in a few cases—especially I think in children with red hair—is well nigh hopeless. When cure occurs it is in my opinion more often a natural process than the result of drug treatment.

Large numbers of cases have been shewn to me as cured, but by cutting the hair and searching the scalp with a lens, though such assistance is often superfluous, grossly infected stumps have almost invariably been found. I myself must confess that I have sent children back to school after drug treatment when I had satisfied myself, after the most careful search, that all infection had been got rid of. Such cases were kept under observation at fortnightly intervals, and I have too often been disappointed to note slight recurrences of the disease.

For these reasons, then, there can be no doubt that X-ray treatment, if epilation is complete all over the scalp, offers the only rapid and certain method of curing ringworm.

Defective Vision.

The following is an account of the administrative measures adopted in relation to cases of defective vision.

After the medical inspection at the schools, the Nurse visits the homes of the children suffering from defective vision to ascertain whether the parents are willing to send their children to the Clinic for further examination by Dr. Halstead, and if so whether they are willing to pay the 2/6 or 3/6 that the spectacles cost, should these be necessary, in the case of their child. They are also informed that a postcard will be sent to them stating the exact time when they must attend at the Clinic.

Every Monday post-cards are sent to eight parents fixing an hour for them to bring their children to the Clinic on the following Wednes-

day. There is a quarter of an hour's interval between the time fixed for the attendance of each case. As each child arrives it is submitted to Snellen's test, and in nearly all cases homatropine lamellae are placed in each eye. These lamellae are inserted three times at 15 minutes interval in each case. Retinoscopy is then performed, and the child is instructed to visit the optician to be fitted for spectacle frames and to return on the following Saturday at a fixed hour. On the Saturday the vision of the child is tested by the aid of the information gained by the retinoscopy and a suitable prescription for the lenses is written. The most suitable from a series of frames supplied by the optician is selected, and the child returns to him with the selected frame and prescription. On the following Wednesday the child returns to the Clinic when the lenses are tested to see that they are according to prescription and that the frames fit. If necessary, alterations are ordered. Nearly every child is thus seen three times, at least. These methods may appear cumbrous and lengthy. They are, at least, painstaking, and the sole object is to secure that each child shall be efficiently treated. These measures do not end here, however, for the School Nurse carries in her bag a list of the children in each school who have been supplied with spectacles, and on the occasions of her visits to the schools sees to it that the spectacles are in use and are in a proper state of repair. When frames are bent and broken the children are instructed to take them to the optician, who kindly executes the repairs at a moderate cost. The School Medical Officer also makes a habit of making a similar examination on the occasions of his visits to the schools.

As has already been pointed out, the proportion of parents who have paid for the spectacles is very high, and this highly commendable result is in no small measure due to the kind help of the teachers. Each half year a list of the children in their schools from whom money is due in respect of spectacles is sent to them. They are asked to collect this money, in small amounts if necessary, and to preserve the list of names so that they may see to it that every child wears his spectacles.

The following is Dr. Halstead's report on his ophthalmic work during the year.

Dr. Halstead's Report.

"In 1913 I examined the eyes of 120 children referred to me for defective sight. I had seen 2 of them previously. Spectacles were ordered in 112 cases. Of these :—

- 30 were long-sighted,
- 12 were short-sighted,
- 33 had long-sighted astigmatism,
- 30 had short-sighted astigmatism,
- 7 had mixed astigmatism, and
- 35 had squints.

In order that the fullest advantage may be derived from this work, it is necessary to have the constant co-operation of teachers during school life, and of parents, not only now, but also when school life is over. For instance, teachers should insist on being provided with black-boards which *are* black and which are *dull*. In but few cases can it be expected that spectacles can provide all the advantages which normal eyes possess. In some cases the sight remains very defective even though it is better with spectacles than without. The position of such scholars in the class-room should be constantly considered. One of the most important divisions into which *every* class should be divided is into those children who have normal sight, and those who have not. In all class-rooms the suitability of the light, both natural and artificial, should be especially tested as to quantity and position. No fine work of any kind should be attempted by artificial light by any children whatever, and no short-sighted nor astigmatic children should ever do any fine work at all. 82 cases of the latter kind stand revealed in the light of 1913.

There is one important and especially difficult task which parents alone can undertake: the periodical covering up of the good eye (for instance, at meal-times and on Sundays), so that the child, usually a young one, may be obliged to exert the more defective eye. This applies to cases where there is a considerable difference between the amounts of sight in the two eyes, and where there is a squint. Children hate this important procedure, parents do not take the trouble to enforce it, teachers cannot possibly do it, and so it is hardly ever done. The result is that in some cases, even when suitable glasses have been obtained, the more defective eye goes from bad to worse, until it can hardly even fix its gaze on anything, much less see it. When a man has only one eye his value in many spheres as a worker has diminished by one-third.

It cannot be expected that all parents and children appreciate the spectacles. For instance, a child may have normal sight with the right eye and very defective sight with the left eye. To improve and even to preserve what there is of sight in the left eye, glasses are ordered. The parent may make in some such cases the perfectly true criticism that the child seems to see as well without the glasses as with them, and so the spectacles are abandoned. It is not always easy to make the parents understand that in such cases the spectacles have been ordered either to relieve headstrain and headache, or to diminish a squint which is already present, or to prevent one coming, or to preserve and gradually improve the sight of the defective left eye, which is becoming blind from disuse. Strange as it may seem, some people have thus become almost blind in one eye although there is not much the matter with that eye.

One girl of 13 paid a compliment to our town. She had caused me much distress by repeatedly failing to recognise a large **G**, although she named correctly other letters of a much smaller size at the same distance. In desperation I shewed her a tremendous **G** at a few inches distance. She then explained that she never had known the name of *that* letter ! On being asked how she accounted for such a peculiarity, she replied that she had not lived in Ramsgate very long, but in Canterbury !

Even in Ramsgate are all our school books of large type ? I fear not. They ought to be.

Many of the children will soon need re-examination. For instance, some of them do not yet know their letters ; and although, without the child's assistance, approximately correct lenses may be prescribed, yet the finer adjustments cannot be made ; and in cases of squint, we cannot afford to wait until they can, but must do the best we can at once, and try at a later date to improve on our first prescription. Other children there are who cannot at first bear the strong glasses which are really necessary to improve their squint."

G. E. HALSTEAD, M.D., B.S., B.Sc., B.A.

The Care Committee.

The work of the Care Committee has already been referred to. The Secretary's report for the year, printed below, was recently submitted to and approved of by the Education Committee.

REPORT OF RAMSGATE CARE COMMITTEE FOR 1913.

" In presenting the Second Annual Report of the Care Committee review is made for the first time of a full year's work. The first report dealt largely with the organisation of the work which had been then only in actual practice three months.

The table on the last page sets forth the statistical record of the work done by the visiting ladies, and it is hoped the further analysis this Report will shew, will help towards a fuller appreciation of the facts that lie beneath these figures.

Already the effect of the new Clinic is very clearly seen by the cases referred to this Committee. Since its opening in September minor ailments affecting the ear and skin have only numbered three, compared with 20 in the previous six months. It will be easily understood that parents are more ready to bring their children for treatment to what they feel is a school adjunct ; in many cases it may be impossible for the mother to go at the stated time to the Dispensary and the child is unwilling to go alone, but " Nurse " and the Clinic are accepted as part of school life as much as " teacher " and school.

Special mention must be made of the help that has been given by two workers, Miss Philpott and Miss Hartley, members of the St. John's Ambulance Nursing Brigade, who have attended regularly at the Clinic to assist Mrs. Price. The number of children attending on some mornings has been so great that it would have been impossible for one pair of hands to do all the work, and great thanks are due to these ladies, who are stated by the School Medical Officer to have carried out their duties in a thoroughly satisfactory and efficient manner.

Of the 200 completed teeth cases 50 per cent. received treatment, against 25 per cent. last year. This is distinctly encouraging, and there is no doubt results would be still better if some provision could be made for treatment of teeth as for minor ailments in direct connection with Medical Inspection. This point will tend to become more urgent, as is evident from the recent report of the Ramsgate and St. Lawrence Dispensary, where many of the children attend. The Report states, "The dental branch of our work shows an abnormal increase owing to the many cases dealt with in connection with medical examination of the children of the Elementary Schools. The cases were as follows: Extractions 702, Dressings and stoppings 6." An analysis of the 200 cases shews that 105 were children over 12 years of age, 95 were children under 8 years of age. In the course of a very few years the number of elder children requiring treatment should be greatly reduced if the present younger ones receive adequate attention of a preventive nature. This, as the Report shows, is seldom given at the Dispensary, hence the need of some provision for such treatment unless there is to be a continual supply of elder children requiring tooth extraction.

Cases of obstruction to breathing still present a great reluctance on the part of parents to obtain treatment, chiefly from the natural dread of the operation, which is generally necessary. Here again when treatment is given at the Hospital there would be great advantage in some co-operation between that institution and the Education Authority in order to prevent the long period that frequently elapses between examination and operation.

In dealing with tubercular cases a difficulty met us which has been overcome by the assistance of the Ladies' Committee of the Central Help. When visiting the homes of these children enquiries are made into their sleeping conditions, and the importance of open windows and at least a separate bed for the tubercular child, is impressed. It was found in some cases, however anxious the mother might be to carry out these suggestions, that it was impossible for her to do so for want of sufficient bedclothes. The Ladies' Committee of the Central Help was appealed to. They took the matter up and raised a special fund to purchase blankets to lend to needy cases recommended by the

School Medical Officer. Since the fund was started six tubercular children have been lent blankets, and grateful thanks are due to those ladies who helped to overcome a very practical difficulty in a very practical way.

Thanks are also due to Mrs. Scott, Mrs. Sale and Miss Gabriel for Hospital letters.

During the year seven children have been sent to institutions. Two went to the Ramsgate Hospital and two to the Ophthalmic Hospital at Moorfields, one to a Convalescent Home at Broadstairs, and two girls whose surroundings were thoroughly bad and unsuitable, were sent to special Homes. The expenses connected with these last two were met by the Thanet Women's Aid Association, and help was given from the blanket fund towards the travelling expenses of the others. The spectacle fund has been drawn on to the extent of £2 19s. 3d., and milk has been supplied in a few necessitous cases by parochial agencies.

In connection with "other cases," and including also the mal-nourished, anæmic and tubercular children, a most interesting development of Care Committee work was initiated and successfully carried out by Miss Channing-Pearce. By her personal efforts nineteen Ramsgate children were able to spend a fortnight in the country, and all returned enormously benefited, mentally and physically, by the change. Three suitable village homes were found at Worth willing to receive the children for 5/- per week each. Miss Channing-Pearce collected the sum of £11 13s. 0d. in subscriptions, including a donation from the blanket fund, and personally took and fetched the children by motor car. This splendid piece of individual work has set a great example of what one worker can do, and it should be a point for real consideration how this good beginning can be developed.

In the period under review the Care Committee has had under its notice 33 cases of children in ill health without any definite ailment. Enquiry into the home conditions of these children shows too often where the real trouble lies. Either the father is never in regular work, and the family is always on the border line of destitution, or perhaps the home depends altogether on the earnings of the mother, with the result the children get scant attention. In a few cases bad housing may be a contributory cause, but in 18 out of the 33 cases it is directly traceable to poverty preventable possibly on the part of parents, but the effect on the child is the same. One typical case was that of a girl living in one of the poorest parts of the town. She was thoroughly out of health and appeared to be insufficiently fed. Two or three visits elicited the following facts :—The parents had been small shop keepers, but owing to the father's delinquencies were now reduced. He earned

a little money by taking round vegetables on a hand cart. Those at other times were kept in the entrance passage. Rent was 6/6 a week, and to help the family exchequer the mother took in washing, which was dried upstairs. They had a strong objection to open windows, and the child, who needed all the good food and fresh air she could get, was living and sleeping in a vitiated air between drying clothes upstairs and not very fresh vegetables downstairs.

Extracts from other Reports by the Visitors are as follows :—

“ V.D.” A very poor family. The child evidently ill fed.

“ E.M.” Father out of work, four small children, hardly anything except bread and butter, and not as much of that as they want. Very poor housing. All sleep in one room. Mother clean and tidy.

“ A.B.” Tidy home. Father earns £1 a week. 6 children. It appears a case where nourishing food should be given.

“ C.R.” Has always had cod liver oil in the winter, but cannot afford it this year.

“ R.T.” Family of ten; five of them are weakly. Father in irregular work. They live twelve in the house, which has only four small rooms.

“ C.E.” Father died 5 months ago. Mother has Parish relief. The boy had influenza 3 months ago and does not get well.

“ E.C.” One of 12. Father a fisherman. Earnings very precarious. 5/- this week, consequently mother always at work and could not get proper food and rest when children were born. Her girls get better when old enough to go to service and get more food. Until then all are anæmic and weak.

These are examples of many other children, and surely all children suffering in this way should be given a chance of thorough recuperation before they fall victims to some more serious disease of which their present condition is the precursor. Change of air with healthy living conditions and wholesome food seems at present the only way of giving them that chance, and in a town like Ramsgate it surely only needs for the idea to be started for enough funds to be forthcoming to enable every ailing child to get that benefit which comes so easily for children more fortunately placed. The necessary arrangements would be willingly undertaken by this Committee, and the system of selection would guarantee that the funds would only be used to assist children who could not otherwise have the necessary change. If some should doubt any lasting benefit from so small a thing it is satisfactory

to report that one boy who had been absent from school for months, getting steadily worse from March to June, has, since his return from Worth, been a regular attendant at school.

Besides the cases due to poverty there were at least 50 children suffering from various forms of ill health, such as tubercular affections, glands, rheumatism, spinal curvature, chorea, heart disease, oral sepsis, etc. They are not fit to attend ordinary school and are, therefore, excluded, with the result that in a negative attempt to arrest physical degeneration little account is taken of the general mental welfare. The child of careless parents runs the streets picking up more harm than good. The child of careful parents is kept at home missing the interest and companionship of school, and without even the benefit of all the air the street child has. The only provision for educating these children at present is through the voluntary help of the Cripples' Guild School, which can, and does, receive some half dozen of them at a time. These are facts which call for attention, and by its provision for special schools the Board of Education has shown it is not unmindful of them. Of recent years open-air schools, both day and residential, have shown remarkable results. As pointed out by Sir George Newman, Chief Medical Officer to the Board, in his recent report, "The method of the open air school is of the nature of a process. It is not merely a school in the open air, but comprises a way of life and a system of education and medical treatment." Medical Inspection has shown physical well being sacrificed for book learning. There is equal harm in the opposite extreme, but in the system of open air schools, with facilities for manual and domestic training and other handicrafts, would seem to lie the way to satisfactory avoidance of this danger. That every town shall some day have its educational centre for temporarily delicate children is a counsel of perfection to be wished for. In the meantime a step towards it may be taken more frequently by holding classes in the school playground. The whole object of education, to fit the child for its later life, must fail if its physical, mental and moral progress do not receive equal attention, and only so far as a Care Committee bears in mind the relation of these points to each other does it fulfil all that its name implies."

Defect.	No.	Received Treatment.	Not Treated.	Promised Treatment.	Parents Refuse.	Still Visiting.
Teeth	243	101	42 (Dentist re- fuses treat- ment, 8).	9	48	43
Obstruction to Breathing ...	85	35 (24 operated)	18	1	19	12
Ears	13	8	2	...	1	2
Skin	9	8	1	...	...	...
Spine	8	5	3	...	...	...
Malnutrition and Anæmia ...	28	21	6	...	...	1
Other Cases ...	31	22	8	...	...	1
Tuberculosis ...	16	12 (1 died)	3	...	...	1
Eyes	51	43	...	...	...	8
Sent to Country	19	...	...	...	...	...
	503	255	83	10	68	68

393 Children. 503 Defects. 923 Visits.

R. WEIGALL.

Cripple Guild.

During the year 18 children were in attendance at the Cripple Guild, and of these 7 were children who had been excluded from the elementary schools by the School Medical Officer, and were admitted to the Cripple Guild at his request.

All the children in attendance at the Cripple Guild were of school age, and were unfit by reason of physical defect for ordinary school attendance. The conditions from which they suffered were:—

Tuberculous bones and joints	...	...	6
Heart Disease	...	...	1
Rheumatism	...	...	3
Infantile paralysis	...	...	3
Pseudo-hypertrophic muscular paralysis	...	...	1
Others	...	...	4
			—
			18
			—

Cleansing of Children.

Each year the Nurse carries out routine examinations of the heads and clothing of the children. Cards containing suitable directions are sent to the parents of children found to be in an unsatisfactory condition. A list of these children is kept, and they are reinspected on subsequent occasions. So great has been the improvement this year that the Nurse reports that for every card of directions issued this year ten were necessary in the preceding year.

Ten children were cleansed at the Public Cleansing Station under the powers conferred by Sec. 122 of the Children's Act. The value of the Station is by no means to be assessed by the number of the children dealt with there. The knowledge that it would undoubtedly be used if an improvement was not speedily effected in a child's condition has had a most potent influence in stimulating neglectful parents to action. It is unfortunate that the section is so cumbrous. The numerous steps that must be taken precedent to cleansing a child almost defeat its object. A child must first be taken home with a formal notice calling on the parent to cleanse the child, notwithstanding that informal notes, probably on several occasions, have been sent to the parent. It is then necessary to take the child from the school—should it become verminous again—to the Station which must be prepared for use. It becomes necessary in practice to ascertain that a child is verminous in the forenoon. A message is then sent to the caretaker to prepare the Station for use, and in the afternoon the Nurse visits the school, examines the child, and, if verminous, takes it to the Station. Occasionally the child gets wind of what is being arranged and absents itself from school during the afternoon, so that all the arrangements fall to the ground. The cleansing of ten children, therefore, represents a very large amount of work and expenditure of time.

Prosecutions cannot be instituted unless the child having once been bathed again becomes verminous, and is again dealt with formally.

During the year prosecutions were taken in respect of the following children :

I.N. Feb. 17. Fined 10/-, including costs.

Same child. July 21. Ditto.

E.M.P. July 21. Ditto.

E.P. (same family). July 21. Ditto.

NOTE.—The father of E.M.P. and E.P. was fined 19/- in respect of E.M.P. in 1912.

But for the uncleanness of a few families the schools would be remarkably clean. Sir George Newman states in his most recent Report to the Board of Education that "30 to 40 per cent. of leaving girls suffer from unclean heads (*Pediculosis capitis*).” During 1913 only 8.2 per cent. of the leaving girls in the borough schools were so

infected, a very satisfactory state of affairs, more especially as the standard of cleanliness fixed is a high and rigid one.

The following is a summary of the Nurse's work in connection with the matter.

Visits to Schools	...	...	...	104
Number of cards to parents	...	...	...	384
Children cleansed by parents	...	...	...	90
Notices served on parents under sec. 122 of the Children's Act	...	...	...	27
Children cleansed at Public Cleansing Station				10
Prosecutions under sec. 122	...	...	...	4

The School Nurse.

The part played by the School Nurse in Medical Inspection is a large and essential one. The following tables shew the nature and extent of her work.

VISITS TO HOMES.

For following up children found defective at Medical Inspections	...	...	...	204
For following up Absentee cases	...	...	...	221
For following up Infectious cases...	...	...	...	15
For cases under sec. 122 of the Children's Act				26
				<hr/> 466 <hr/>

VISITS TO SCHOOLS.

For Routine Medical Inspections	...	...	...	44
For inspections for Verminous conditions	...	...	...	104
For tracing cases of Infectious Disease	...	...	...	23
For Re-inspections	...	...	...	21
For making up Boxes	...	...	...	34
For other purposes	...	...	...	160
				<hr/> 386 <hr/>

TREATMENTS AT THE CLINIC BY THE NURSE.

Impetigo	...	...	...	...	371
Ringworm	...	...	...	...	220
Scabies	...	...	...	...	3
Rhinitis, &c.	...	...	...	...	100
Discharging Ears	...	...	...	...	365
Sore Eyes	...	...	...	...	184
Glands	...	...	...	...	21
Other	...	...	...	...	580
					<hr/> 1844 <hr/>

- (g) *Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b) and 57 of the Code of 1908.*

The administrative measures taken to prevent the spread of infectious diseases in the schools in the borough were laid down in a Memorandum issued to teachers by the Committee in 1911, and were printed and discussed in my Report for that year. They have since been amplified to this extent, that the School Attendance Officer is notified of all cases of notifiable infectious disease and a certificate of exclusion for the "contacts" is sent to him. Actual cases are not allowed to return to school until a fortnight after their return from hospital, and the majority of these come to the Clinic for examination before resuming school attendance.

When there are reasons for suspecting school infection in cases of infectious disease the infected class or classes are inspected by the School Nurse or myself, as indicated on page 39.

The teachers are required to notify the School Medical Officer of cases of infectious disease, or suspected infectious disease, as they come to their notice. As the table below shews, in so far as scarlet fever and diphtheria are concerned, there has been very considerable leakage in this respect. This is unfortunate, as such information in the past has led to the discovery of missed cases and of cases not under any medical supervision, and is one of the sources of information on which the Medical Officer should be able to rely. In the event of the occurrence of such a disease as small-pox the information to be derived from the schools would become of paramount importance.

TABLE :—*Shewing the notifications of infectious disease received from Head Teachers.*

Disease.	No. of Suspicious Cases.	No. of Contacts.	Total.
Measles	9	8	17
Whooping Cough	4	...	4
Chicken-pox	53	25	78
Scarlet Fever	1	1	2
Diphtheria	1	...	1
Enteric ... ..	...	2	2
	68	36	104

No schools were closed on account of the prevalence of infectious disease during the year.

874 children were excluded from school under the provisions of Art. 53 of the Code, of whom 31 were excluded at medical inspections at the schools and the remainder on examination at the Clinic.

In addition, 97 certificates of exclusion were given in respect of children who had either themselves suffered from infectious disease or had been "contacts" with cases of such diseases.

11 children who had been excluded were certified fit to attend school half days only, and some of these were later certified fit for ordinary attendance.

- (h) *Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective, and epileptic children under the Acts of 1893 and 1899.*

As already stated, two blind children are maintained by the Committee in blind schools, and another in an institution for the Deaf and Dumb.

- (i) *Instruction in Hygiene and Temperance ; Physical and Breathing Exercises ; Open-Air Schools.*

During the year a Conference took place between the Committee and the senior teachers in the Girls' schools in the town with reference to the problems of Instruction in Mother Craft and Infant Hygiene. Schemes of instruction in these subjects are in use in the higher classes of all the schools, though it is noticeable that there is a considerable diversity in the subjects taught and the amount of attention devoted to each. The Conference stimulated interest in the subject, and the interchange of opinion and experience will, no doubt, lead to greater attention being given to subjects of so much importance to girls.

Another matter discussed at length by the Local Authority was the question of forming an Advisory Committee under the Education (Choice of Employment) Act, 1910. The head teachers of the various schools were invited to lay their views and experience before the Committee. It was evident that teachers perform a great and unnoticed work in bringing employers and potential employees together. Under the circumstances, and in view of the possibility of an amendment taking place in the Education Acts in the near future, it was deemed unnecessary to set up a more formal machinery for the present.

In the spring the School Medical Officer addressed a largely attended meeting of the local Class Teachers Association on various aspects of medical inspection work.

- (j) *Account of miscellaneous work, such as the examination of scholarship candidates, pupil teachers, or teachers of any grade.*

The examination of scholarship candidates, pupil teachers, or teachers does not form part of the duties of your School Medical Officer.

